

C+D

Let's teach
head lice
a lesson they
won't
forget!



With **Lyclear SPRAYAWAY** and **Lyclear REPELLENT**

Chefaro UK Ltd, 1 Tower Close, St Peter's Industrial Park, Huntingdon, Cambridgeshire, PE29 7DH. Lyclear is a registered trademark of Chefaro UK Ltd.
Lyclear SprayAway, 60ml, PIP code 252-2290, RSP £10.99. Lyclear SprayAway legal category: registered medical device. Lyclear Repellent, 100ml, PIP code 324-2872, RSP £7.99

BACK ON TV
THIS AUTUMN

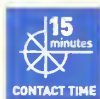
Lyclear®

SPRAYAWAY

Kills head lice
WITHOUT INSECTICIDES



First clear the infestation



Quick and easy to use.
Wash off after just 15 minutes!



Tough on lice but kind on kids.
No chemical insecticides so lice
don't become resistant



Clinically proven –
in-vivo and *in-vitro* studies



Contains up to 8 applications

REPELLENT

Protects against
head lice



Then use Lyclear Repellent



Clinically proven –
in-vivo and *in-vitro* studies



Contains a pleasant-smelling,
effective insect repellent



Lasting protection
against head lice



Contains up to 50 applications

Let's teach head lice a lesson they won't forget!

Chelaro UK Ltd, Tower Close, Huntingdon, Cambridgeshire, PE29 7DH. Lyclear is a registered trademark of Chelaro UK Ltd. Lyclear SprayAway, 60ml, PIP code 324-2872. RSP £10.99. Lyclear SprayAway legal category: registered medical device. Lyclear Repellent, 100ml, PIP code 324-2872. RSP £7.99.



25 August 2007

Chemist+Druggist

www.dotpharmacy.com

Newquay blaze: pharmacist comes to the rescue



**Rx numbers up
50% in 10 years**

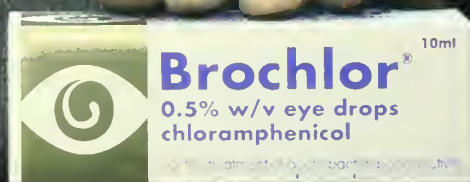
**EU prescriptions on
the way under MHRA
proposal**

- Clinical: an MUR cardiovascular case study
- Back to school: tips on tackling classroom nasties

Lyclear SPRAYAWAY and REPELLENT

www.headliceadvice.net





chloramphenicol

WHACK

WALLOP!



chloramphenicol

LET THE BRO'S KNOCK OUT EYE INFECTIONS

By choosing Brolene for minor problems and saving Brochlor for the tougher stuff, you will have the option to take appropriate action. So if you have an eye infection causing trouble, let the Bro's knock it out.

If you would like more information about Brochlor or Brolene, or copies of training materials and point of sale items, contact Angela Laser Healthcare Pharmacy Business Manager or call 01483 505515.

Brolene & Brochlor - Focused eye care.

Date of preparation: June 2007. BRO-06/033



Editor
Gary Paragpuri MRPharmS
01732 377688

Features & Deputy Editor
Fiona Salvage MRSC
01732 377435

News Editor
Max Gosney
01732 377315

Marketing Editor
Lesley Ribbens
01732 377600

Online Editor
Tom Hawkins
01732 377284

Acting Clinical & CPD Editor
Gavin Atkin
01732 377239

Contributing Editor
Adrienne de Mont FRPharmS
0207 921 8256

Reporter
Jennifer Richardson
01732 377088

Group Production Editor
Fay Jones
01732 377396

Group Art Editor
Richard Coombs
01732 377528

Designers
Bethany Straker 01732 377231
David Farram 01732 377113

Office Manager
Elaine Steele 01732 377621
(fax): 01732 367065
esteele@cmpmedica.com

Sales Director, Healthcare
Ruth McKay
020 7921 8456

Advertisement Managers
Daniel Spruytenburg
020 7921 8126
Deborah Heard
020 7921 8119

Sales Executive
Chris Docwra
020 7921 8123

Price List
Colin Simpson (Controller)
01732 377407
Darren Larkin (Data Manager)
Price List (fax): 01732 377559

C+D Data
David Watkinson (Director)
01732 377802
Devi Patel (Development Manager)
01732 377451
Maria Locke (Data Development Clerk)

Projects Director
Patrick Grice MRPharmS
01732 377296

Projects Administrator
Pauline Sanderson 01732 377269

Production
Katrina Avery 01732 377674

Group Publishing Director
Phil Johnson 01732 377633

Email
firstinitialsurname@cmpmedica.com

News

Back RPSGB and take fight to Whitehall, says IPF 8
The Independent Pharmacy Federation will support the Royal Pharmaceutical Society over retention fees

EU prescriptions could be valid in UK 9
Prescriptions written by European doctors could become valid in UK pharmacies under plans released by the MHRA

Rising script numbers add to workload fears 10
New figures show a further rise in the number of prescriptions dispensed in England

Opinion

Review mania 16
Mike Smith welcomes the raft of reports and reviews on the profession but wants to see some action too

Clinical

A cardiovascular MUR case study 21
A case study on how an MUR revealed a patient's confusion about what drugs to take when

Flavonoids could be key to colon health 25
Experimental results show that red, purple and blue fruits slow the proliferation of colon cancer lines in vitro

Products & Marketing

Imigran advertising campaign 26
GSK is to spend £1.2 million on its migraine remedy

Features

Satisfaction guaranteed? 31
How to conduct customer satisfaction questionnaires

Scary creatures 32
It's head lice and threadworm time again

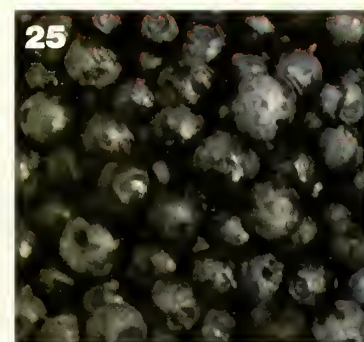
Classified & recruitment

Star job 37
Pharmacy checking technician required for specialist international medical supplier in East London

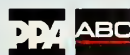
10



25



32



© CMP Medica, Chemist + Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter
Published Saturdays by CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE
C+D on the internet at: <http://www.dotpharmacy.com/>
Subscriptions: (Home) £183 per annum; (Overseas & Eire) \$450 per annum. Single copies C+D £4.50 (postage extra). Extra Price List

for subscribers: £20 per single copy; for non-subscribers: £65 per single copy.
Circulation and subscription: CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF.
Telephone: 01858 468811
Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.
The editorial photos used are courtesy of the suppliers whose products they feature. We are not responsible for the content of any external websites referred to in this magazine.



All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical including photocopying, recording or any information storage or retrieval system without the express prior written consent of the publisher. The contents of Chemist + Druggist are subject to reproduction in information storage and retrieval systems. CMP Information Ltd may pass suitable reader addresses to other relevant suppliers. If you do not wish to receive sales information from other companies please write to Ben Martin at CMP Information Ltd. Origination by ITM Publishing Services, Central House, 142, Central St, London EC1V 8AR. Printed by Headley Brothers Ltd, The Invicta Press, Queens Road, Ashford TN24 8HH. Registered at the Post Office as a Newspaper 22/23/85

Back RPSGB and take fees fight to Whitehall, says lobby group

» The Independent Pharmacy Federation pledges its support for the Society, but with conditions

Jennifer Richardson

Pharmacists must rally behind the Royal Pharmaceutical Society and take the fight over retention fees to the government, a leading representative of independent pharmacists has said.

Despite the "huge implications" for independents of the RPSGB's proposed 50 per cent increase in retention fees, the Independent Pharmacy Federation will back the Society, its chairman Fin McCaul said.

But this support is on the condition that the Society takes "a clear and unambiguous stance" in demanding the government funds the division of the RPSGB into separate regulatory and leadership bodies.

"The government has forced that split and I don't see why we should be forced to incur the charges," Mr McCaul said. "We do need to get



The retention fee rise has found internet fame on Facebook and Wikipedia

behind the Society and kick the government's behind instead."

Society treasurer Andrew Gush said: "Council is committed to taking the fight over the Society's retention fees to the government."

The need to call the government and the Society to account over the retention fee hike has also been highlighted on the social networking site Facebook.

Matthew Jones, a pharmacist from London, has urged members of the

Facebook group 'Pharmacists against the 50 per cent rise in retention fee' to follow his example in writing to the health minister responsible for professional regulation, Ben Bradshaw.

Mr Jones has asked the minister to commit the government to providing full financial support for the division of the RPSGB. "I'd like to encourage every pharmacist to lobby the government," he said.

A Department of Health

spokesperson said: "The level of retention fee for pharmacists and pharmacy technicians is a matter for the RPSGB." However, the spokesperson added that the steering group advising ministers on the de-merger, PRLOG, would consider the financial implications of establishing the regulatory body.

The retention fee rise has also found internet fame in the form of an entry on Wikipedia, the user-generated encyclopedia.

Scotland plans pilot schemes

The Scottish Executive is developing pilot schemes to explore how the range of services provided in community pharmacies could be expanded.

The trials will see pharmacies vying for a national role in sexual health and travel health services. Pilots could include chlamydia testing, travel immunisations and treatment for urinary tract infections.

They will also involve other healthcare professionals, such as chiropodists, providing services from within community pharmacies, Scotland's principal pharmaceutical

officer Alison Strath told C+D.

"They [pharmacists] have premises suitable for other health professionals to use," Ms Strath added.

The Executive's commitment to boosting healthcare access through pharmacy was also emphasised by health and wellbeing secretary Nicola Sturgeon as she launched the nationwide discussion document 'Better Health, Better Care'.

Responses to the paper will inform the development of Scotland's new health and wellbeing action plan, to be published by the end of the year.

"We want to ensure better, local

and faster access to healthcare," Ms Sturgeon said. The document suggests "walk-in access to a wider range of services through community pharmacies" as a way to improve access to health services.

It also highlights the need to improve services for long-term conditions, echoing the conclusions of a report by public spending watchdog Audit Scotland.

The chronic medication service aspect of the Scottish contract, to be rolled out in April, would strengthen pharmacists' role in managing long-term conditions, Ms Strath said. JR

Scottish contract updates

A series of NHS circulars have updated the directions for several pharmacy services in Scotland.

An uplifted allocation of £200,000 has been made to NHS boards for palliative care model schemes.

Updated directions for the public health service clarify what is required to qualify for the additional payment attached to participation in health promotion campaigns: see tinyurl.com/2vzq72

Incentive payments for the electronic processing of prescriptions will be available from September, until the introduction of the chronic medication service: 5p per form (not item) for the first 500 and 2p per form thereafter with no upper limit.

PCTs under pressure

Department of Health demands that primary care trusts demonstrate service improvements in access and patient choice could provide an opportunity for pharmacy, the NPA has said.

The DH has told PCT chiefs to encourage GPs to open for longer. But it said they should also use other mechanisms to improve local access to healthcare.

NPA spokesman Neal Patel said: "If there are moves to make it possible for other providers to provide care that's obviously an opportunity for pharmacy." But it would be up to individual PCTs to decide how to meet requirements, he said. "It will be interesting to see how PCTs respond."



A pharmacist worked through the night providing medicines to guests evacuated from a hotel blaze in which at least one person died and four were injured.

As flames ripped through Newquay's Penhallow Hotel in the early hours of last Saturday, St John's Ambulance volunteers realised many people evacuated from the building had been forced to abandon vital medication.

Pharmacist Robin Kaye responded to a call from paramedics by immediately opening his pharmacy, situated

EU prescriptions could be valid in UK if MHRA gets its way

Tom Hawkins

Prescriptions written by European doctors could become valid in UK pharmacies under plans released by the MHRA.

The medicines watchdog has issued a proposal to amend the Medicines Act so UK pharmacists could dispense medicines prescribed by GPs from the European Economic Area and Switzerland.

The MHRA said current legislation, which dictates that UK pharmacists may only dispense against scripts from UK registered practitioners,

may prevent citizens of EEA states coming to the UK for fear of not obtaining their POMs. It added that UK residents may not seek medical help in the EU because prescriptions will not be valid in the UK.

The plans exclude controlled drugs but could enable the dispensing of POMs without UK marketing authorisation where appropriate.

Colette McCreedy, director of pharmacy practice at the NPA, said the changes would help clarify a grey area for pharmacists but that guidelines were needed to help judge whether it is safe to supply.

"It is still going to be a challenge for pharmacists to judge whether or not it is appropriate to dispense an EU prescription. Professional guidance will be needed to support members and the NPA hopes to work with the RPSGB to produce the guidance needed," she said.

No-one from the RPSGB was available for comment.

Do you feel comfortable dispensing EU scripts?
haveyoursay@cmpmedica.com

formalise pharmacy's role in emergencies. "We need to make sure that the value the pharmacy has is fitted into the proper plan for disaster response."

James Bolt, the PCT's emergency planning lead, said: "While the response went well, the PCT will be reflecting on how systems can be improved and is arranging a thorough debriefing session involving all the relevant health and emergency staff, including the pharmacist who provided valued support."

Mr Bolt awaited Mr Kaye's suggestions and said. "There are lots of lessons we can learn. The pharmacist's role was particularly important in this case so that's something we would be looking to build on." JR



Robin Kaye dispensed 38 items between 1.30am and 4.30am before opening again at 8.30am

Medicines dispensed through the night to hotel blaze victims

Photo: APEx

just 300 yards from the disaster.

"I was able to dispense 38 items between 1.30am and 4.30am," he told C+D. These included medication for blood pressure, diabetes, angina and epilepsy.

Mr Kaye then reopened Kayes Chemist at 8am that morning, when son Nick Kaye delivered further prescriptions to evacuated guests. "We did 137 items in about 40 minutes," Nick Kaye said. "The patients' response was overwhelming. They were pleased to see us because they really needed their medicines."

A local hospital was put on standby to provide any medicines Kayes Chemists could not, but the precaution proved unnecessary. "I was very proud that we managed to sort it all out and in such a quick time span," Nick Kaye said.

This was possible partly because Kayes Chemists is piloting a patient group direction by Cornwall & Isles of Scilly PCT, which allows pharmacists to provide emergency supplies of prescription medicines.

Robin Kaye said he would be using his experience and role as local LPC chairman to try to

PBC week
September 24-28

Step 4 of our seven-point guide to writing a PBC service proposal looks at testing support from the local community. For steps 1 to 3 and PBC templates see www.dotpharmacy.xcom/PBC

A step-by-step guide to PBC

STEP 4

Building proposal support

Stephen Fishwick, head of NHS services development, NPA

Discussing your plans with trusted pharmacy colleagues will help you to pressure test a proposed service. Make the most of the facilities and discussion forums provided by your LPC.

You should also have conversations with numerous others, to help shape the proposal and build support for it. Consider:

- The PCT's medicines management team.

- Trusted local healthcare professionals outside pharmacy – would your service meet a need from their point of view?
- Others that might feel that they have something to gain or lose from your service: can you provide them with reassurance?
- A patient reference group, such as the local patient and public involvement (PPI) forum.

You may be taking on work that local GPs are reluctant to have you do. If your proposal involves substantial service redesign that draws activity away from acute providers, the same could apply to hospital consultants. Nevertheless, even if you are unable to report active support for your proposal at this stage, commissioners will wish to know that discussions have been initiated with stakeholders and that early soundings have been factored into your plans.

Open a conversation with your practice-based commissioners, even though your proposal may be non-specific at this point. Also confer with others who will be influential in deciding whether your proposal goes forward – for example members of the PCT's professional executive committee and the commissioning lead at the PCT.

Next time: Step 5 – Reality check

Nothing comes close to the C+D package

Rising script numbers add to workload fears

» PDA director claims latest figures show 'we're at bursting point'

Concerns over pharmacists'

workloads have been heightened by new figures showing a further rise in the number of prescriptions dispensed.

NHS figures released last week revealed the volume of prescription items dispensed in England in 2006 grew to 752 million. The rise represents a 4.4 per cent increase on the previous year and a 55.1 per cent jump compared with 1996.

John Murphy, a director at the Pharmacists' Defence Association, said pharmacists already faced reduced staffing levels, burdensome regulation and pressure to provide extra services such as MURs. He said the increase in workload indicated by the figures added to the pressure.

"There's got to be a real root and branch review. We're at bursting point, I believe. Pharmacists are increasingly finding it more impossible to operate in those conditions."

The PDA has been lobbying for detailed research to be conducted into pharmacists' workloads and staffing levels. Mr Murphy said the Royal Pharmaceutical Society had agreed to discuss the idea with the

The average number of prescriptions per month dispensed per pharmacy from 1997 to 2006 in England



Sources: NHS information Centre/PSNC

Department of Health. The RPSGB was unavailable for comment.

The figures, from the NHS Information Centre, revealed that 14.8 prescription items were dispensed for every person in England on average in 2006. The elderly accounted for 40.8 items per head –

an increase of 92 per cent since 1996.

The rise in script numbers pushed the overall cost of medicine ingredients up by 3.3 per cent to £8,197 million. The average cost per item, however, fell by 3.5 per cent to £10.90, reflecting the rise in generic prescribing. **TH**

Fantasy game gives disease clue

Programmers behind the online role-playing game World of Warcraft have inadvertently provided epidemiologists with an opportunity to study how disease spreads through life-like populations.

A computer virus that struck the game gives vital clues on how an epidemic could spread in humans, according to US scientists.

The World of Warcraft epidemic revealed unexpected human reactions to infectious disease that computer models failed to show, said the authors of a Lancet article.

"By using these games as an untapped experimental framework, we may be able to gain a deeper insight into the incredible complexity of infectious disease epidemiology in social groups," the authors said.

The epidemic hit the game in 2005 when an update allowed high ranking players to access a new level. There they encountered the powerful creature 'Hakkar' who infected



Game on: World of Warcraft beats expert modelling program in monitoring disease spread players with 'corrupted blood'.

To powerful players, the infection was insignificant, but a game-wide epidemic followed when many

characters travelled back to other areas of the game and infected weaker players. Lancet Infectious Disease 2007; 7: 625–9. **GMA**

The C+D subscription package provides quick access to the information you need to succeed in community pharmacy. See page 30 for more information

NICOPATCH®
TRANSDERMAL PATCH
NICOTINE

NICOPASS®
NICOTINE
LOZENGE

RECRUITING NOW

Front line pharmacists needed to defend customers
against the symptoms of nicotine withdrawal

**NEW
PRODUCTS COMING
SOON!**



Benefits include:

- Brand quality nicotine replacement therapy
- Affordable consumer prices
- High impact point of sale materials
- Full patient support programme

Patented 1.5mg lozenge presentation - a new alternative to 2mg nicotine gum

- Great tasting, sugar-free formulation
- Very difficult to crunch - ensures nicotine is released in a steady dose



www.helpingyouquit.co.uk

WOCKHARDT®

Essential information for Nicopass® and Nicopatch® Indications: Relief of nicotine withdrawal symptoms, in nicotine dependency as an aid to smoking cessation. **Dosage:** Initially, Nicopatch® transdermal patch 14-21mg/24 hours or 8-12 Nicopass® lozenges/24 hours, according to degree of nicotine dependence. Not to be used with other forms of nicotine replacement therapy. **Contraindications:** Non-smokers/occasional smokers, hypersensitivity to/intolerance of ingredients/excipients. **Precautions:** Advise total smoking cessation. Avoid in children and adolescents, recent myocardial infarction, unstable or worsening angina (including Prinzmetal's), severe cardiac arrhythmias, uncontrolled hypertension, recent cerebrovascular accident, pregnancy. Caution in stable cardiovascular disease, diabetes mellitus, hyperthyroidism, phaeochromocytoma, severe hepatic or renal impairment, peptic ulcer, lactation. Caution (Nicopass® only) in active oesophagitis, oral or pharyngeal inflammation, gastritis. **Side effects:** Commonly, dizziness, headache, nausea. Also, (Nicopass®): sore throat, hiccup, mouth irritation, dry mouth, vomiting, abdominal discomfort, (Nicopatch®): insomnia, application site reactions. **PL numbers and cost:** All prices are RRP (inc VAT): Nicopass 1.5mg Liquorice Mint lozenge PL 05630/0034 - £2.93 for 12; £7.34 for 36; £15.67 for 96 lozenge packs. Nicopass 1.5mg Fresh Mint lozenge PL 05630/0035 - £2.93 for 12; £7.34 for 36; £15.67 for 96 lozenge packs. Nicopatch 7mg/24 hours transdermal patch PL 05630/0036 - £15.49 for 7-patch pack. Nicopatch 14mg/24 hours transdermal patch PL 05630/0037 - £15.49 for 7-patch pack. Nicopatch 21mg/24 hours transdermal patch PL 05630/0038 - £15.49 for 7-patch pack. **PL holder:** Pierre Fabre Médicament, 45 place Abel Gance, 92100 Boulogne, France. **Supply classification:** GSL. **Date of preparation:** 6 August 2007.

Wockhardt UK Limited, Ash Road North, Wrexham Industrial Estate, Wrexham LL13 9UF, UK. Tel: 0800 262 570

Report Adverse Events to licence holder on 0800 262 570. Information on AE reporting www.yellowcard.gov.uk

Nr101/07a August 2007

News in brief

Have a holiday

Pharmacies can close on Christmas Day and New Year's Day, PSNC has said. The dates are excluded from contractual hours so businesses should shut unless instructed otherwise by their PCT, PSNC stated. www.psn.org.uk

Nice guidelines on ME

Nice guidelines for the diagnosis and management of chronic fatigue syndrome and myalgic encephalomyelitis include a list of treatment strategies that are not recommended. These include vigorous unsupervised exercise, and drugs including MAOIs, glucocorticoids, mineralocorticoids, dexamphetamine, methylphenidate, thyroxine and antivirals. www.nice.org.uk

Actavis revenue rise

Generics specialist Actavis has announced a 26 per cent growth in revenues in the UK in the last financial year. The company said the results were due to its rapidly expanding product range – some 40 new products are planned over the next two years.

P to GSL switch

The MHRA has launched a consultation on proposals to switch Galpharm hayfever eye drops containing sodium cromoglicate 2 per cent from P to GSL. www.mhra.gov.uk

Flucloxacillin recall

Milpharm and Arrow Generics have issued a recall on 500mg flucloxacillin capsules. Batch numbers CDF 5026 and AFDC 6002 should be returned to suppliers, the MHRA said. <http://tinyurl.com/ysvcht>

Nice approves rituximab

Nice has recommended rituximab (MabThera) for use in combination with methotrexate for treating severe active rheumatoid arthritis in patients who have not responded to TNF treatments. www.nice.org.uk

Flu vaccine contracts

The Department of Health has awarded contracts to supply flu vaccine for use in a pandemic to GSK and Baxter Healthcare. They will supply the vaccine as soon as the strain is made available by the World Health Organization.

Clampdown on e-roguers

RPSGB to tighten rules as report highlights large number of illegitimate sites

Max Gosney

Regulators have vowed to step up security measures against bogus internet pharmacies after a report revealed a glut of unlicensed online operators.

A logo to weed out illegitimate e-pharmacies will be launched later this year, the Royal Pharmaceutical Society said.

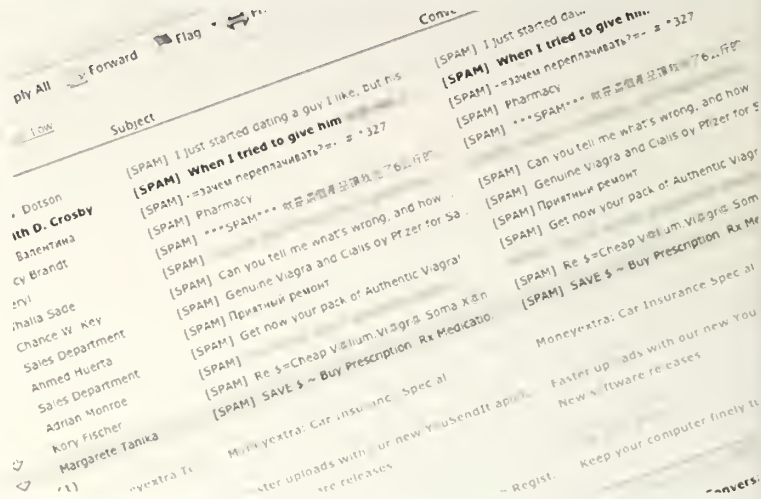
The RPSGB also plans to raise public awareness over the growth in unregistered sites reported in the study by an internet security firm.

The Mark Monitor report found just four out of 3,160 e-pharmacies displayed an official licence.

Lysney Cleland, RPSGB head of professional ethics, told C+D: "The Society intends to highlight the importance of clicking on the logo to verify that the pharmacy is registered and we will be promoting the logo as one of a number of checks that people should make."

Up to 500 of the unlicensed e-pharmacies identified in the study could be hosted in the UK, according to Mark Monitor.

Fewer than 50 per cent are



Many internet pharmacies are unlicensed and target consumers with spam, claims a report

protecting credit card details from fraud, said Charlie Abrahams, European CEO at the company.

"The internet really is the wild west. The vast majority of these operators are running without basic certification," he said.

An RPSGB logo could be "copied very quickly" by rogue sites, Mr Abrahams warned. However, the Society said it had "taken steps to guard against this".

Internet pharmacy firms backed the

RPSGB initiative. Julian Harrison, commercial director at Pharmacy 2U, told C+D: "I think it's a good measure to guarantee authenticity. When patients are on the internet they need to be aware of unscrupulous operators."

Hawkeye logs on to the Facebook phenomenon
See p40



Children affected by the fallout of the Chernobyl nuclear disaster thank Numark for giving them free health products on a trip to the West Midlands. The pharmacy group gave out sun creams, toothbrushes and mini first aid kits to 400 children visiting through the Chernobyl Children's Project Charity. Enjoying the English fresh air and local cuisine helps reduce youngsters' radioactivity levels and can extend life expectancy. Radioactive material travelled several miles after an explosion at a nuclear power plant at Chernobyl in April 1986

Controlled drugs rule change

Pharmacists must destroy schedule 1, 2, 3 and 4 part I controlled drugs before returning them to waste carriers, the RPSGB has stressed.

Carriers have no provisions to deal with these CDs under current

guidelines, a law and ethics bulletin advises. Rules governing the destruction of CDs have also changed this month.

Accountable officers (AOs) are now able to authorise people other than police, pharmacy and RPSGB

inspectors to oversee the denaturing of CDs. AOs are not allowed to personally witness destruction as they must be completely independent from the day to day management of CDs, guidelines state. See rpsgb.org

quality

You need to be sure.
More than sure.

Your patients depend on you for medicines they can trust, of course. And they also value service.

That's why Teva UK Limited is focused on supporting you, making your generics purchases work harder, giving you the support you need when everyone wants the best service from the pharmacy or dispensary.

So as well as offering great prices on a range of over 500 products featuring a new, attractive livery that's designed to help prevent dispensing errors, we have a national network of staff in person and on the phone that's there to help you.

Your customers expect the best from you - so demand the best from your generics.

Ref: 037/COP/07 Date of preparation: May 2007



TEVA UK LIMITED

Making generics easier

Locum at large

Professional or just minding the shop?

The bottom line rules, says our locum pharmacist, but at what cost to professional obligations?



A director of one of the major companies revealed to me once, in a moment of frankness, that at any one time they could have as many as 30 per cent of their pharmacies without a permanent manager.

Competitors are probably not much better off. Since vacancies ebb and flow around the sector, it could

be that over a period of say 12 to 24 months between 30 and 40 per cent of pharmacies are at some time, therefore, effectively run on a day to day basis by locum pharmacists.

Surely this has a devastating effect on the ability of the sector to fulfil effectively the services it is contracted to deliver? Yet no one has ever studied, or published a study, of this situation.

Since locums are probably used almost entirely as dispensers, each churning out hundreds of prescriptions per day, and may be denied the opportunity to deliver any services such as MURs, this inevitably impacts on the sector's ability to fulfil its obligation to the government and the public under the pharmacy contract.

Those pharmacies that do provide a good service are a beacon of excellence in a pretty depressing landscape but are almost always characterised by having settled, committed pharmacists, well established in their professional role.

My newspaper this morning informs me of further services which the nursing profession is now about to deliver in co-operation

with the medical profession.

Nurses are keenly grasping the growing opportunities offered to them to the detriment of pharmacy which is beginning to see services which we should be able to deliver going elsewhere.

So how do we address this? Should the sector's major companies, which now dominate market share, take the lead in shaping the future direction of pharmacy services? More emphasis on clinical services is surely the way forward but with little guarantee of revenue, how should pharmacy balance such service development with front of shop retailing income?

Despite this, many pharmacy managers are under pressure to develop services and extra resources in terms of staffing, locum assistance and training, and extra hours for personal development are often just not there.

The bottom line rules, with unrealistic budgets, particularly for wages and staff hours. This can occur particularly in some supermarket pharmacies where the pharmacy is often treated in the same way as the checkout and the coffee shop, with

almost no appreciation of the special requirements needed to run a modern-day pharmacy.

Is pharmacy simply being used as a marketing tool to attract more customers with only lip service paid to its professional obligations?

Perhaps a university, or the Royal Pharmaceutical Society or PSNC could run a project to analyse the effect that employing so many locum pharmacists is having on the profession's ability to deliver its obligations within the rapidly developing and changing NHS.

Are the financial pressures of the boardroom and shareholder return limiting the ability of pharmacy to perform its true role, as competing professions move in on services which we should be delivering but are constrained by commercial decisions from doing? This needs to be examined if we are not to face a bleak future of lost professional opportunities.

Is the locum right?

Email your views to:

haveyoursay@cmpmedica.com

Your letters

Pharmacist errors – the electronic safety net

Oliver Siodlak looks at new options for ensuring patient safety



Working within an increasingly hostile regulatory regime, pharmacists are rapidly discovering that it is not only patients whose safety is put at risk by dispensing or supervisory errors, but their own professional survival.

Urging greater and greater vigilance is all very well but unfortunately human error is an absolute certainty. So after pharmacists and dispensing technicians, where does the next line of defence lie?

As in most activities, whether it is computers in pharmacies or robots building cars, technology will consistently do whatever it is programmed to do without distractions, boredom or emotional

troughs affecting performance.

Barcode reading has been around in pharmacy systems for a while and so has robotic dispensing, but a number of powerful new linkages are being developed by system suppliers which reduce the chances of error at every stage of the dispensing process. This is how it works:

- A prescription arrives either electronically or manually and the real or virtual barcode is checked into the pharmacy computer system.
- The dispensary computer automatically orders a robot to dispense the product or it is dispensed manually.
- The robot or dispenser picks the product which is then labelled with a uniquely barcoded patient label.

- A final three-way check of barcodes on patient label, product and prescription ensures complete accuracy.

This powerful consolidation of information at the final check, backed up by a full audit trail, takes clinical governance to new levels and turns error detection from a game of chance to a precise science. The end result: patient safety is improved and the pharmacists' record remains unblemished.

Oliver Siodlak is general manager, Positive Solutions

Should robots perform the 'final check' on scripts?

haveyoursay@cmpmedica.com

Your letters

'Soft skills' training should not be neglected

Of course you need technical training to perform as an efficient pharmacist, but you also need people skills



CPD often gets sidelined.

So why don't we get protected time for CPD? Other professions get it. If the government is concerned that there could be abuse and they need to monitor their spending, then they could

audit the process – ie a pharmacist who attends training should then have to prove that it delivers tangible results such as provision of a new service – then the government can be reassured that the money is well spent.

The RPSGB recently revealed that only half of all pharmacists registered are recorded as having undertaken CPD. It is clear that something needs to change.

Jane Lumb is training manager, Numark

Our changing roles as pharmacists

mean that we have had to learn many new skills. The need for training and development has never been greater – and we have also had to get into the habit of recording our development.

Some training is obviously mandatory – we can't deliver MURs unless we've demonstrated a certain knowledge level – but there is a lot of additional voluntary training that could help us to maximise the opportunities of working within the new contracts.

We all see the need for clinical training and before we offer, say, EHC or diabetes screening we expect to attend a course and receive the required certificate. But what about other development needs? Time management? Staff management? Customer service skills? Arguably, these are just as valuable, but because the investment is less quantifiable, many pharmacists struggle to see the value in developing the softer skills they require to perform their new roles.

If you work for a large multiple, you will often be given the time out of your working day to attend some relevant training courses or even take days away from work, specifically to record your CPD. The cost of a locum will be met by your employers and you will willingly put the time in. But what about independents?

Paying for a locum will come out of your own pocket – bad enough for clinical training, but when you can't see an immediate result, what's the incentive?

The majority of Numark members prefer evening training over day or weekend sessions – I don't need to tell you why. All the time independents need to make decisions about whether they spend time with the family, do the books, catch up on paperwork, record their CPD or attend a training session. It's no wonder that training is the very last thing on the list...

Healthcare professionals have a duty to keep their skills up to date. CPD allows pharmacists to reflect on the way that they practise, but unfortunately the pressures of work mean that

Implanon®
68mg etonogestrel

Forget about forgetting

Highly effective contraception
for up to 3 years

**NICE LARC guidelines recommend
offering a choice of all contraceptive methods**

Organon

Consult SmPC before prescribing, particularly in relation to side-effects, precautions and contra-indications.
Further information is available from: Organon Labs Ltd, 330 Cambridge Science Park, Cambridge, CB4 0FL, UK Tel (+44) 01223 432700

**Help safeguard public health and support medicines yellow card reporting www.yellowcard.gov.uk
Alternatively, adverse events can be reported to Organon Laboratories by calling 01223 432740**

Date of preparation: April 2007

POM

Item Code: 06818G

Comment from the editor



Newquay pharmacist Robin Kaye (p8) worked through the night to help members of the public who lost their medication in a hotel fire last weekend.

The dedication of Mr Kaye and his staff will quite rightly be applauded by his local community. And such professionalism is alive and well in pharmacies across the UK. We have seen and indeed C+D has reported on many pharmacists (and wholesalers) who have provided emergency care to those affected by terrorism and natural disasters.

In July 2005, Jeffrey Walsh of Devonshire Pharmacy, Jitendra Kanjee of Ritechem Pharmacy and Pradip Patel of Holborn Pharmacy, were just some of the pharmacists who helped victims of the London Underground bombing. And only this summer Mike Hewitson of Saintbridge Pharmacy in Gloucester and Martin Bennett of Sheffield's Wicker

Pharmacy were among many who worked tirelessly to resume 'normal service' in the aftermath of some of the worst flooding we have witnessed in the UK.

And when Murtaza Master's pharmacy in Oldbury was destroyed after a fire engine crashed into the building in July this year, the response from him and his staff was to set up a dispensary the following day in his car park. "Shutting is not an option," was how he put it.

Yet it seems that community pharmacy's role is routinely overlooked when it comes to developing local disaster response plans. And with survey after survey consistently showing that the public holds pharmacists in high regard, one wonders what more pharmacy has to do to earn its rightful place on the primary care team.

Gary Paragpuri, editor

Community pharmacy's role is routinely overlooked when it comes to developing disaster response plans

Your views

We need to harness climate of 'review mania'

A flurry of reports and reviews are all very well, says Mike Smith, but what we need now is action



The APPG report into the future of pharmacy has been published and digested, and we now see discussions around further reviews into various aspects of both pharmacy and the health service.

We also have the recent announcement by the government that a white paper is to be published on developing pharmacy services and that for the vast

majority of those involved in the profession the key question is whether this 'review mania' will in fact progress community pharmacy in the way we had intended?

Almost a year ago at the 2006 UniChem convention, I chaired a workshop on the APPG inquiry, which was attended by Howard Stoate. The feedback we received from UniChem independent customers was consistent with what the APPG report has highlighted.

Insufficient momentum, inconsistent development of services locally, lack of engagement with other healthcare professionals, concerns around control of entry... the list goes on. The publication of the APPG report has confirmed that we are all at least singing from the same hymn sheet. A year on, these issues are still very much at the forefront of our thinking.

While it is encouraging that we have seen a commitment to pharmacy from those in power through various statements of public support and, most recently the

announcement of the white paper, it does seem to be becoming a characteristic of this government (and I suspect many before) that if something is not working properly and you don't actually know how to fix it, then you 'review' it.

Health secretary Alan Johnson's announcement of a review for the entire NHS is a classic example of this, and my failing memory tells me that this usually leads to a lengthy consultation of all stakeholders which results in a review that actually changes very little.

The delayed Galbraith review is in danger of becoming another example of this. What pharmacy really needs now is for the proposed white paper to offer some tangible steps, to ensure that the primary recommendations of the APPG report (and the Galbraith review once it is published), are actually moved forward.

My overriding concern is how much continuity will be lost between the findings of the APPG report/Galbraith review and what is proposed in the

white paper. We have just witnessed some significant changes in our government and, as well as having a new prime minister and a new health secretary, we have the second change in less than a year of the minister for pharmacy. The Galbraith review has been delayed specifically because of these changes and similarly many of those within government that contributed to the findings of the APPG report have been moved from their current responsibilities.

Given this, I fear we may find ourselves witness to another 're-invention of the wheel' and there is the risk that the impetus of the APPG report and the Galbraith review will be lost through the lack of continuity in the positions of power.

While the publication of the white paper is certainly encouraging, we need to ensure first and foremost that the issues that are key to pharmacy are actually addressed, and that any proposals put forward in it will take pharmacy in the right direction.

Mike Smith is UniChem chairman

Xrayser

Topical Reflections

What not to wear



In the unlikely event that Trinny and Susannah visited my pharmacy I'm sure they would have plenty of suggestions for improving our appearances. I'd be happy for my staff to go shopping at someone else's expense but I would take some convincing to move away from a fairly conservative dress-code.

An article I read about pharmacy staff's attire made me think about the importance of our personal presentation. I'm open to professional advice on whether a striped or plain shirt suits me best but I wouldn't be keen on a new wardrobe. I wondered if we needed a makeover and whether anyone would notice.

Pharmacy attire is becoming increasingly casual, reflecting a general dressing down within society. Even the Prime Minister and members of the royal family don't always wear a tie now, for heaven's sake. But getting the balance right between professionalism, practicality and approachability is perhaps more of a grey area than ever.

I've never worn a white coat to work simply because it makes me look like a cross between an ice cream vendor and a butcher. And back when compounding was an everyday event any crisp white area was soon covered in a variety of multi-coloured stains. On most people, though, I think the white coat looks

extremely professional and clearly sets the pharmacist apart from other staff in the pharmacy.

A suit used to be my standard garb, but these days I think that makes me look more like a salesman than a healthcare professional. Hence the suit has been replaced by a smart jacket and in the warmer weather, shirtsleeves. But now I'm contemplating losing the tie, as it continually gets in the way.

Some of the local GPs go tie-less but, perhaps because of my deep seated professional insecurity, I think I need to out-smart them. A bow tie is fine for extroverts and arty types, but I'm neither. And I don't want to be mentioned in the same breath as the polo-shirted supermarket pharmacist.

The most important opinion in this debate is that of the patient/customer, and I know what they think. Most of my customers are elderly so the majority opinion is that everyone should be smartly dressed at all times.

My elderly customers are some of the most smartly dressed people I see. No other group in society would wear a tie or twin set and pearls simply to visit the pharmacy or post office. Perhaps I should repay their respect by keeping my jacket on.

Where are the barcodes when you need them?

Very expensive hardware installed, smart card in slot, PIN number entered, and voila! I was ready to play with my new EPS system.

All I needed was a few barcoded prescriptions and I could get to grips with all this wonderful new functionality. The local surgery has been churning out an increasing number of these recently, but could I find one when I wanted it?

Due to a combination of holidays,

sickness and forgetfulness, the GP's receptionists hadn't been using their cards that are required to barcode prescriptions. I told them that it was in the interests of healthcare, security and my desire to play with my new toy that cards were inserted in slots immediately.

My new system works like a dream but without a continuous supply of barcoded prescriptions it's all pointless.

CD

Keep in touch with Dee



Having trained in hospital

pharmacy, managed independents and worked as a PCT pharmacist for several years, Dee Spencer is now back in community pharmacy. In her blog she shares her experiences of real patients and life under the new contract with C+D readers. Below is an extract from her warts-and-all account.

Wednesday, August 22

I'm still really enjoying using the Care at the Chemist scheme. Earlier this week I supplied a non-sedating antihistamine to a 10-year-old boy

“ I didn't see the point of making a 10-year-old child drowsy ”

who had been given a repeat prescription for his 'usual hayfever tablets' of chlorphenamine. Now I really didn't see the point of making a 10-year-old child drowsy at school, so I discussed this with mum and supplied an alternative on the Care at the Chemist scheme. She came back in today to say that this has been a great success and that she would continue to use the scheme in the future.

Thursday, August 23

Well today we finally received the agreed PCT-wide SLA for supervised methadone and buprenorphine. Well done to the LPC for pushing this one through.

Haven't had a chance to read it in any great detail yet, but we can't start providing the service until we receive the necessary accreditation by doing the relevant CPPE distance learning pack. So I'm off to order my copy tonight.

You can keep up to date with Dee's blog at <http://dotpharmacyblog1.blogspot.com>

Pharmacy Champions

Pharmacy
Champions



their friends and colleagues, because we are giving the patients what they want and more. Only today I have seen a family of three who are coming to us because one of their neighbours is using the programme. **We have two well-equipped consultation rooms.**

The patients tell us that they really like the way in which we help them to achieve their goals. I have not had any feedback from any GPs or healthcare professionals directly. My high point was seeing one of my very first patients achieve her goal of losing four stone. **It is really good to be able to offer a service to patients** that I have wanted to do for such a long time and to see patients coming back to us who have been successful.

Under the white coat

- If I was in charge of pharmacy for a day I would **make it much clearer and easier for pharmacists to commission services locally.**
- I think that there are huge opportunities for pharmacy and pharmacists to provide patients with new and different services.



Out of hours

- I do not have a great deal of time for hobbies because I am married and have three children.
- I do enjoy sport; I play a little golf and I have just completed my first 10k run when I **took part in the Great Manchester Run.** I am a keen Manchester United fan.

Nominate your Pharmacy Champion:
Telephone 01732 377088
or email jrichardson@cmpmedica.com



Supported by



A Thornton & Ross brand

Paul Sanderson, of Assura Pharmacy in Macclesfield, has upskilled his pharmacy staff to improve access to weight loss services

I set up a weight loss programme because I thought it would be good for our patients. As a team we have **implemented the essential and advanced services** that we are funded to provide by the local PCT.

I was disappointed with the initial uptake because I was very keen for the service to succeed.

However, with our **extended hours and well-trained, sympathetic staff** our reputation seems

to be growing and new patients are coming to us all the time. The most important thing is to give patients what they want. They want **to be seen in a consultation room by trained staff** who understand how hard it can be to lose weight and who want to celebrate their success with them.

Accessibility to the pharmacy staff is also key. Patients want to be able to make appointments to see me when they are available, not at the time that best suits me. We have had to train our healthcare staff to do the interim appointments as more and more patients come and use the service.

I think the weight loss service is successful because patients recommend the programme to

HIGH POLLEN COUNTERED FAST.

- The No.1 selling hayfever brand worth £14.5M*
- The 3rd highest growing OTC brand across the total OTC category
- Supporting you this season with a £3M campaign including TV and outdoor.

*IRI Market Value Sales, MAT to February 2007

The fastest acting allergy capsule.



Benadryl Allergy Relief (GSL) Product Information: **Presentation:** Acrivastine 8 mg. **Uses:** Allergic rhinitis. Also chronic idiopathic urticaria. **Dosage:** Adults and children aged 12-65 years: one capsule up to 3 times a day. **Contraindications:** Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. **Precautions:** Caution when engaging in activities which require mental alertness until familiar with response to drug. Concomitant use of acrivastine with alcohol or other CNS depressants may produce additional impairment. Caution when taking with ketoconazole, erythromycin or grapefruit juice. **Pregnancy & lactation:** Not recommended. **Side effects:** Rarely drowsiness. **RRP (ex-VAT):** 12s, £3.70 **Legal category:** GSL. **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** 15513/0128. **Date of preparation:** March 2005.

NEW IN SMOKING CESSATION

THE POWER TO HELP THEM QUIT.¹⁻³



- A new class of oral prescription therapy with a unique dual action:^{1,2,4}
 - Partial agonist action: Reduces craving and withdrawal symptoms†
 - Antagonist action: Reduces the satisfaction associated with smoking†
- Significantly higher quit rate vs. bupropion or placebo at 12 weeks^{1,2,5}
- Favourable safety and tolerability profile in approximately 4,000 treated smokers⁶

[†]Based on the Minnesota Nicotine Withdrawal Scale (MNWS). ¹First Quit Attempts (FQA) Study. ²Long-term Study of Varenicline in Smoking Cessation. ³Champion Study. ⁴Champion Study. ⁵Champion Study. ⁶Champion Study.

CHAMPIX® Film-Coated Tablets (varenicline tartrate)
ABBREVIATED PRESCRIBING INFORMATION - UK. Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** Mild to moderate renal impairment: No dosage adjustment is necessary. Patients with moderate renal impairment who experience intolerable adverse events: Dosing may be reduced to 1 mg once daily. Severe renal impairment: 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. **Patients with end stage renal disease:** Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of

some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side effects were increased appetite, somnolence, dizziness, dysgeusia, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence dry mouth and fatigue. See SmPC for less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no

experience in dialysis following overdose. **Legal category:** POM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. Last revised: 09/2006

Adverse events should be reported to Pfizer Medical Information on 01304 616161. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

References: 1. Gonzales D et al. JAMA 2006; 296:47-55. 2. Jorenby DE et al. JAMA 2006; 296:56-63. 3. Tonstad S et al. JAMA 2006; 296:64-71. 4. Coe JW. J Med Chem 2005; 48:3474-3477. 5. Gonzales DH et al. Presented at 12th SRNT, 15-18th Feb, 2006, Orlando, Florida. Abstract PA9-2. 6. CHAMPIX Summary of Product Characteristics.

CHA055a Date of preparation: Nov 2006



New oral prescription medicine

CHAMPIX ▼
varenicline tartrate

C+D Clinical

A cardiovascular MUR case study

A series of mix-ups following an MUR led to a none-too bright patient becoming even more confused

Key points

- Older and confused patients – the ones most likely to gain benefit from MURs – can't cope with too many changes or recommendations at once. Better to change things in small steps, even though the current contract doesn't encourage frequent MURs for individual patients.
- Too many recommendations can overload GPs too.
- There may be a time lag between MUR recommendations being made and then being acted on. This can lead to confusion in the pharmacy unless everyone knows what these changes are or are likely to be. Good communication is essential.
- "As directed" instructions lead to confusion, even for seemingly simple doses. Perhaps the only justifiable circumstance for "as directed" on a tablet container is where full written instructions have been issued separately, eg for a decreasing course of steroids. Always ensure that all label instructions are clear. Responsibility for medicines often falls to a carer who may have no idea what the original "as directed" instructions were.

Mary Allen

Harry Bowen is 70 years old and, while always very pleasant, he is not the brightest of patients and tends to be a bit slow to grasp things.

You are dispensing a prescription for most of his usual medicines, and you spot a note on his PMR indicating that he had a medicines use review (MUR) about three months ago with one of your pharmacist colleagues.

Today's prescription:

- glibenclamide tabs 5mg 168 one tds

Reflect

Do your MURs always lead to the desired results? Are there any occasions when "as directed" instructions can be justified? Do you always change these directions to something more specific? Are there precautions you can take to check understanding in patients who aren't very bright?

Plan

This case study illustrates some lessons to be learned when following through an MUR action plan. A man of limited intelligence ended up with duplicated treatment for the same indication, stockpiled unwanted medicines and continued to take a diuretic at night in spite of an MUR.



This article can help in the following CPD competencies: G1a, G1c, C1a, C1b, C1c, C3b, C3e. See www.tinyurl.com/194zu



The College of Pharmacy Practice

This course (module 1413), in association with multiple choice questions being published in C+D September 1, provides one hour's continuing education



Confused and elderly patients may potentially benefit most from MURs – but are less able to cope with change

Pharmacy Update

- bendroflumethiazide 2.5mg 56 as directed
- aspirin dispersible 75mg 56 one daily
- lisinopril 20mg 56 one daily
- diltiazem HCl M/R 90mg 168 one TDS

From Mr Bowen's PMR you can see that in the last three months he has had other items dispensed, including:

- candesartan 4mg 56 one daily (three months and one month ago)
- insulatard insulin, needles, lancets and test strips
- beclomethasone nasal spray 50 mcg
- metformin 850mg
- simvastatin 40mg

And some lisinopril about a month after being dispensed candesartan.

You find that your pharmacist colleague had tackled a number of issues in the MUR three months ago:

- Mr Bowen has had vast (and differing) quantities of several of his medicines and she had discussed with him an ordering schedule to help him use these instead of simply ticking all the boxes on his request slip. She had also arranged for the prescribed quantities of his medicines to be changed so he would, in future, receive two months' supply of each.
- She had attended to his diabetes and blood glucose testing etc, ensuring he understood the need for regular checking and how to use his testing strips.
- As Mr Bowen said he bruised easily, she had suggested to the GP that the (then) dose of aspirin be reduced from 150mg daily to 75mg daily in accordance with current guidelines.
- She had discovered he was taking his bendroflumethiazide at night so, as well as telling him to take them in the morning, had asked the GP to alter the labelling instructions to make this clear (but from today's prescription you can see this hasn't happened).
- She had discussed his cough – he had originally been taking antibiotics for this but at the time of the MUR it wasn't improving. She had then talked to the GP and they had wondered if the ACE inhibitor lisinopril might be responsible. They had agreed to switch him to candesartan instead and see if this made a difference (although it does seem odd considering that the GP had prescribed antibiotics for the cough).
- She had tidied up a few other bits and pieces on his repeat prescription request slips, deleting items no longer being taken.

What about today's prescription?

Is there anything of concern here?

• Lisinopril and candesartan

It is unusual that Mr Bowen is apparently taking lisinopril concurrently with candesartan. Lisinopril is an ACE inhibitor while candesartan is an angiotensin II receptor antagonist, and is usually used as an alternative

You can see from the PMR that Mr Bowen's candesartan was initiated three months ago, a few days after the MUR



Mr Bowen's aspirin dose was reduced to 75mg/day in line with current guidelines

Photos: Morguefile

appointment. As Mr Bowen is currently waiting in the pharmacy, you ask him why he is taking both.

He tells you he got "that new drug" after he "saw the other pharmacist that time". He doesn't understand what it is for and seems completely unaware that it is likely to be a replacement for his lisinopril. He also tells you "the other pharmacist had said she was getting all his medicines in line so they didn't run out at different times".

He says he still has quite a lot of some of the medicines left at home, but his diltiazem would run out soon, so he had ordered some of the other items too.

He asks if he could have a word about a couple of things while he is here – firstly, he is concerned about his bladder – he is getting up quite frequently in the night to pass urine. Secondly, the cough that he "spoke to the other pharmacist about" isn't getting any better.

What to do?

You need to find out why Mr Bowen is taking both lisinopril and candesartan. You also need to advise him about his nocturnal urinary frequency and his unresolved cough.

Although your colleague has been thorough with Mr Bowen's MUR, not all the changes have been effected and some issues remain unresolved.

• Candesartan and lisinopril switch

Clearly, Mr Bowen hasn't understood the switch and has been taking both medicines, even ordering more lisinopril when his original stocks ran out.

• Cough

You aren't in a position to judge whether the cough might have been due to lisinopril as he is still taking this medicine. However, there is a possibility that lisinopril might not be the culprit: although dry cough is a side effect of ACE inhibitors in some patients, it is more likely to occur in the first few months of treatment. You can see from his PMR that Mr

Bowen has been taking it for several years. ACE inhibitors may cause a cough in around 25 per cent of patients.

The mechanism is thought to be inhibition of the breakdown of body chemicals involved in cough. The cough reflex is mediated by the vagus nerve through nerve fibres and receptors in the respiratory tract. Two chemicals, bradykinin and substance P, are involved in the formation of prostaglandin E2, and the accumulation of this prostaglandin at relevant receptors can lead to coughing. Because angiotensin-converting enzyme (ACE) metabolises bradykinin and substance P, inhibiting this enzyme may result in increased levels of these chemicals, which, in turn, may cause an accumulation of prostaglandin E2 and lead to coughing.

Patients are affected differently by ACE inhibitor-induced cough. For some, it is just a bit of a nuisance, while for others it can be a greater problem leading, for example, to tiredness caused by interrupted sleep.

• Effects of taking both medicines

Because he has been taking both medicines for about three months, it would make sense for Mr Bowen to have his blood pressure checked to make sure he isn't hypotensive. The GP may also wish to check his serum potassium as both drugs can increase K⁺ levels (this effect, however, may be offset in practice by the potential potassium-reducing effects of bendroflumethiazide). The GP will need to decide what action to take about future drug treatment.

• "As directed" instructions

Because Mr Bowen's bendroflumethiazide prescription still bears an "as directed" instruction you need to ask him again when he takes it. You learn that he's still under the impression he should take it at bedtime, despite your colleague's earlier discussion and the label on his current medication. You should ensure that his pharmacy PMR has a clear instruction to take in the morning, and contact the GP again to make sure this is changed on the surgery records.

Although this seems pedantic, many people still get confused as to when to take "as directed" medicines. And problems like this can worsen if carers become responsible for patients' medicines. Any concept of what the original verbal instructions might once have been can become lost in confusion!

• Night time urinary problems

It is worth explaining to Mr Bowen that this problem might resolve once he starts taking the bendroflumethiazide early in the morning. If not, he should discuss the matter with the doctor. There may be several reasons for the problem – it could be related to his diabetes, or to prostate or other problems.

Bendroflumethiazide can exacerbate diabetes so Mr Bowen needs to keep a close check on his blood glucose levels.

• Excess stock of medicines

Everyone hates waste and Mr Bowen certainly had big stocks of some medicines. However, despite the ordering schedule to use these up, Mr Bowen is quite confused. So, with hindsight, it might have been better to remove his excess stock from him and simply start again.

• Communication

While some of Mr Bowen's current problems are due to his poor understanding, some lessons can be learnt. Removing his stocks of

lisinopril could have helped avoid the switch problem – but, in practice, there was a short time lag between the recommendations of the MUR (ie the suggestion that lisinopril might be a cause of the cough) and the GP's subsequent action (to replace it with candesartan). In fact, Mr Bowen had reordered more lisinopril a month after the change anyway! This hadn't been picked up in the pharmacy – probably because no candesartan was prescribed or dispensed at the same time. Although the MUR recommendations were clearly and carefully documented on Mr Bowen's MUR action plan, a note on his PMR at the time of the switch could have alerted dispensary staff to the lisinopril-candesartan switch.

• Too much to think about?

Mr Bowen's medicines use issues are several. Because of this, and because he is easily confused, it is probably better to stagger any changes and deal with one thing at a time. It is important to reflect on what are the main priorities and to consider how much patients like Mr Bowen can cope with at a time – all patients are different. Changing too many things has the potential to cause confusion and anxiety in older patients. In practice, because of contractual restrictions (limiting the time intervals between paid MURs) as well as time restrictions in busy pharmacies, it is not easy to find a way to avoid overloading confused patients with too much information and too many changes at once.

It is, of course, possible to grade priorities on the MUR action plan. But where there are several recommendations, GPs will focus on the higher priorities and may leave the rest, as happened in this case when the "as directed" instructions were not changed.

Mary Allen, FRPharmS, is a part-time community pharmacist in Hertfordshire.

Continuing Professional Development

Act

- Do you feel your communication skills could be improved? How about taking such a course?
- Do you know the difference between medicines use reviews and medication reviews (full clinical reviews)? Are you trained to carry out one or both? If you are not an accredited MUR pharmacist, it may be useful to read the learning materials associated with Skills for the Future 2 at <http://www.dotpharmacy.com/skills.html#2>. This is an accreditation programme offered in conjunction with the Medway School of Pharmacy.
- How easy is it to balance the quantities of medication ordered on prescriptions to ensure repeats are not out of kilter? Keep a note of your attempts and when repeat prescriptions are presented see how often you were successful.
- Revise the side actions, contraindications and interactions of the ACE inhibitors and angiotensin II receptor antagonists.
- Note the next 50 prescriptions that have two or more drugs prescribed for the same indication. Can you identify whether this duplication is reasonable? If you identify any errors of this nature, what do you do?
- The "as directed" instruction is all too common. Another example is "one daily". If this instruction were on a prescription for simvastatin, how would you label this medicine? If you don't already do so, make sure that from now on you write full instructions on labels.
- Search the web to find suitable material to improve your communication skills. One site entitled 'Communication and Consultation Skill' (in pharmacy) is <http://www.keele.ac.uk/schools/pharm/Education/documents/SummaryofCommunityPharmacyModules-Sept2006-colour.doc> but there are many others.

Evaluate

Has this article made you more aware of duplications in drug prescribing? Have you spoken to prescribers as a result? Do you now ensure your labels carry all the necessary information about when to take the medicine? Now check the next 20 prescriptions to prove you have followed the advice here. Are you now a certified MUR pharmacist?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the September 1 issue, which will cover this week's CPP-accredited module, together with that in the August 11 issue.

These will cover:

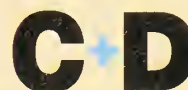
- Assisted conception (1413)
- Diabetes and cardiovascular treatments MUR (1414)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

For a weekly email alert on C+D's Pharmacy Update series, please register at:
www.dotpharmacy.com/newsbulletins



Chemist + Druggist
in association with
Genus Pharmaceuticals



GENUS PHARMACEUTICALS

Clinical News

A Practical Approach...



David Spencer, pharmacist at the Update Pharmacy, has been asked by Mrs Silverstein's GP to carry out a domiciliary MUR for her.

"Thanks for coming, but I don't know what all the fuss is about," Mrs Silverstein says.

"But you had a fall and had to be taken to hospital," says David.

"I know, but it was only a dizzy spell and there was no real damage done, just some bruising."

"Do you often have dizzy spells?"

"Never, this was just a one-off."

"Well," says David. "Dr Merali thought I ought to come and see you, just to check out your medication to see if it might have had

something to do with your fall. I've got your records here with me. Let's see. You are 73 years old, and you're taking: ramipril tablets 10mg, one in the morning, amlodipine tablets 10mg, one in the morning, calcium and vitamin D tablets, one twice a day, simvastatin tablets 20mg, one at night, and paracetamol tablets, two four times daily if necessary. Is that right?"

"Yes," replies Mrs Silverstein. "Look, I've got them all out ready for you to look at."

"Thanks. Oh, and I see you've got some cold remedy tablets here as well."

"That's right, I thought you'd want to see everything. I had a nasty cold and I sent my friend down to your pharmacy to get something for it. I took it for about a week until I was better again. But I was very careful, because they contain paracetamol and the leaflet said I shouldn't take any other medicines containing it. So, just to be on the safe side, I stopped all my medicines until the cold was better."

"So when did you start taking your prescribed medicines again?"

"On the day I had the fall, actually."

Questions

Does Mrs Silverstein's medication provide a clue to the possible cause of her fall?

What action, if any, should David take?



This article can help in the following CPD competencies: G1a, G1b, C3e, C1e. See www.tinyurl.com/194zu

A Practical Approach... this week's answers

advise her that in future she should not stop her prescribed medication without taking advice. In reporting his findings to the GP, David should recommend that Mrs Silverstein's blood pressure be checked a month after she re-started the antihypertensives, to make sure that it is back to the desired level.

Yes, her fall could have been due to postural hypotension caused by Mrs Silverstein stopping her antihypertensive medication, particularly ramipril, for a few days and then starting again. ACE-inhibitors can cause profound first dose hypotension and the dose of ramipril is also quite high. David should explain to Mrs Silverstein what may have been the cause of the fall and

Post-Northwick trial rules published

Drug trials guidelines have been revised following the widely publicised problems during the clinical trial of the investigational drug TGN1412 at Northwick Park last year.

Published by the ABPI, the new guidelines include key recommendations from the Duff report led by Sir Gordon Duff, Florey Professor of Molecular Medicine at the University of Sheffield and chairman of the Commission on Human Medicines.

"Safety of volunteers for phase 1 clinical trials is paramount, and this is at the heart of the revised guidelines," said ABPI director-general Dr Richard Baker.

"While the events surrounding the TNG1412 trial were unprecedented, we nevertheless have to do everything to ensure that they never occur again."

For more information:

<http://tinyurl.com/yqytyw>

Debate continues over depression vs unhappiness

The BMJ has published a debate arguing the motion that depression is over-diagnosed.

The proposer, psychiatrist Professor Gordon Parker of the University of New South Wales, argued that marketing had led to the treatments being prescribed for large numbers of people who were unhappy rather than depressed.

Opposing the motion, Ian Hickie of the Sidney Brain and Mind Research Institute argued that lives had been saved by the treatments and that patients who could benefit from them were still missing out.

For more information:

BMJ 2007;335(7615)

Clearblue

Pregnant

The truth, the digital truth, and nothing but the truth.



So advanced, it's easy.

- No. 1 selling brand in Pregnancy testing
- National PR & TV Campaign
- Over 99% accurate

www.Clearblue.info

For further details, please call 0800 267448



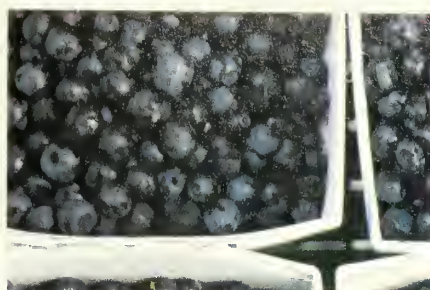
Clearblue - The brand most recommended by Doctors

Flavonoids could be key to colon health

Experiments demonstrating that flavonoids found in red, purple and blue fruits slow the proliferation of colon cancer lines in vitro and in animal studies with rats could help to explain the protective effect of fruit and vegetables.

Presented at the American Chemical Society meeting, the experimental results showed that anthocyanin compounds that give red, purple and blue fruits and vegetables their colour were effective in slowing the growth of colon cancer cells.

They also demonstrated significant differences between anthocyanins from different sources in terms of their effects on cell lines, and absorption into the plasma and urine.



Bilberry extract may provide clues to cancer treatment

The most powerful effects in vitro were seen with anthocyanins from purple corn; however, chokeberry and bilberry extracts were almost as effective.

MHRA warns on aristolochia TCM

The MHRA has warned that a Chinese traditional medicine Xie Gan Wan sold in South Wales has been found to contain the banned substance aristolochia.

Anyone taking Xie Gan Wan pills is advised to stop taking them and consult their doctor because of the danger of kidney problems. They should also inform the MHRA immediately.

Aristolochia species plants contain aristolochic acids, which are associated with

kidney failure and cancer, and they have been banned in unlicensed medicines since 1999.

Other traditional products found to contain aristolochia include Longdan Xie Gan Wan, Guan Xin Su He, Longdan Qiegan Wan, Jingzhi Kesou Tanchuan, Guanxin Suhe capsules and Qing Re An Cang Wan.

For more information:
<http://tinyurl.com/26j3cc>

Lancet hypertension campaign

A hard-hitting Lancet editorial has argued that health professionals should spread the message that hypertension is an easily measurable and irreversible sign that the organs of the body are under attack.

Written to accompany a major review of hypertension and its management, the editorial suggests that conveying this kind of message could have the effect of making people think more carefully about the consequences of their unhealthy lifestyles, and so give preventive measures a chance of success.

The review itself reveals that the risk of becoming hypertensive during a lifetime is now more than 90 per cent.

The Lancet's leader writers point out that

the relationship between blood pressure and cardiovascular risk is detectable down to blood pressures in the 115-110mmHg systolic, and 75-70mmHg diastolic region.

They also add that hypertension, defined as 139/89mmHg, is now being diagnosed in adolescents and children. At the other end of the age spectrum, they reported that a study of antihypertensives in patients over 80 years had to end recently because the benefits of perindopril and indapimide in terms of reduced stroke and all-cause mortality were so clearly apparent.

British Heart Foundation cardiac nurse Judy O'Sullivan said it was vital people knew their blood pressure because there were usually no symptoms.

In brief

UK failing cancer patients

The UK cancer plan may not be working, two papers and a series of opinion articles published by Lancet Oncology have suggested. Cancer survival in the UK continues to lag behind the average for Europe, and is similar to figures for some Eastern European countries spending far less.

Nice drafts guidelines on IBS

Draft guidelines for the management of irritable bowel syndrome have been published by Nice for consultation up to October 11 this year.

<http://tinyurl.com/2m7tfb>

FDA approves once-yearly bone drug

A once-a-year treatment for osteoporosis has been given FDA approval for use in North America. Manufactured by Novartis, zoledronic acid (Reclast in the USA) is given as a once-yearly 15-minute infusion. The European CHMP has given a positive opinion, and approval under the name Aclasta is anticipated towards the end of 2007.

Osteoporosis guidance in IBD, coeliac

The British Society of Gastroenterologists has launched guidelines for the management and prevention of osteoporosis in patients with inflammatory bowel disease and coeliac disease. <http://tinyurl.com/28pya8>

Colour-coded packaging

Moorfields Pharmaceuticals has launched a colour-coded packaging system designed to make it easier for patients to follow their treatments.

www.moorfieldspharma.co.uk

Zolmitriptan effective in adolescents

Zolmitriptan is well tolerated and effective in treating migraine in adolescents, a placebo-challenge study has revealed. Pain relief was typically experienced 15 minutes after treatment.

Pediatrics 2007; 120(2): 390-6

Natalizumab boosts QoL in MS

Natalizumab treatment significantly improves health-related quality of life in patients with multiple sclerosis, an analysis published early online by the *Annals of Neurology* has revealed. The analysis was based on data from two large studies, SENTINEL and AFFIRM.

<http://tinyurl.com/yo5p6p>

Q. What's kind to your customers' hair but tough on itchy flaky scalps?

A.

Oilatum Scalp Treatment

Contains the anti-fungal ingredient ciclopirox olamine

Always read the label



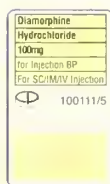
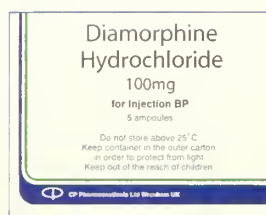


Reflecting **YOUR** needs...

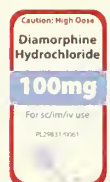
... new packaging launched

First product range in new livery:
Diamorphine

Old Livery



New Livery



Designed with patient safety in mind, Wockhardt UK's new packaging will soon be rolling out across our product range.

...First class generics,
competitive prices

www.wockhardt.co.uk

WOCKHARDT

HY01/07 June 2007

GSK to launch £1.2m Imigran advertising campaign

Imigran Recovery migraine tablets (sumatriptan) are being supported with a £1.2 million television ad campaign.

Running from September 1 for three weeks, the TV activity is reinforced by Pharmacy Channel, national press and online advertising, and point of sale materials.

Viewers will be shown the debilitating effects of a migraine in the style of a photographic negative. Colour is then restored to convey the positive effect of Imigran. The voiceover describes the product as "the only treatment that tackles both the symptoms and the root cause of the migraine itself" while the strapline 'Imigran Recovery. A positive way out of migraine' concludes the ad.

Press ads of the same creative are appearing in women's monthly magazines on sale in September. The brand's website has also been overhauled, with search engine optimisation helping to build online traffic, reports GSK.



Viewers of the press and website will be encouraged to 'ask their pharmacist first'.

Product info:

GlaxoSmithKline

Tel: 0845 762 6637

www.ImigranRecovery.co.uk

Bassett's alerts mums to omega-3s

Bassett's Soft & Chewy vitamins are being supported with a £1 million television advertising campaign targeting mums.

Specific to the omega-3 variants, ads will be seen on GMTV, C5 and satellite channels from the start of September for six weeks.

Available in summer fruit and orange and lemon flavours, omega-3 soft and chewy pastilles are suitable for children over three. Each once-daily pastille provides 100mg omega-3



DHA together with 100 per cent of the RDA of vitamins A, C, D and E.

For more info:

Ernest Jackson

Tel: 01363 636000

WANTED

Solpadeine: seeks trained professional for relationship leading to mutual benefit. Greengrocers, newsagents and petrol stations need not apply.

Solpadeine
Dedicated to pharmacy

PRELOX

"Over 80% of men who tried it
found it effective"

IMPROVE AND IMPRESS

AS SEEN
ON TV

As featured in "The Hardness Factor"
Steven Lamm, M.D

SPECIAL INTRODUCTORY OFFER
BUY 6 PACKS
AND GET 1 FREE

A PATENTED
SEXUAL
PLEASURE
ENHANCER

PRELOX

Prelox is a nutritional supplement specifically designed for men who care about their sexual health and performance.

Prelox is the safe and natural alternative for men actively looking to improve and impress in their sexual performance.

As featured in "The Hardness Factor" by Steven Lamm MD, Prelox contains two naturally occurring substances, L-arginine and Pycnogenol, which help to maintain healthy blood vessels and sustain blood flow to the genital region, which in turn is of key importance in the male sexual response and ultimate sexual satisfaction.

Supported with national advertising campaign and extensive Prelox branded instore point of sale.

Call our Sales Team on 01670 519989 and order now!

Name

Address

Post Code

 **Pharma Nord**

your body deserves the best

CD

For more information please fill out this coupon and return to
Pharma Nord (UK) Ltd, Telford Court, Morpeth, NE61 2DB.

Back to school TV target

Haliborange Omega-3 is on TV screens this week to target parents during the back to school period.

The ad is a fun, computer-generated creative highlighting the great taste of Haliborange Omega-3, says Seven Seas.

Screening until October 31, the ads will run during GMTV and episodes of parenting show Supernanny on Channel 4, E4, as well as on Sky, ITV2 and IDS channels (Gold, Style, People). It will be supported by a PR campaign including a free 'brain workout' to download from www.haliborange.com/brainworkout



C+D's one minute interview with ...

**Daniela Harrison,
brand manager for
Clearblue**



Who buys Clearblue?

The pregnancy tests are used by sexually active 16 to 45-year-old women. The ovulation tests are bought by women aged 25 to 45 trying to conceive.

Why should pharmacies stock Clearblue?

Clearblue is a beacon brand for the pregnancy testing sector. It is the only brand supported consistently with television advertising and we've also been running ads in women's glossy magazines and online. We're constantly communicating with women and new products are well researched; they are what

women want. The products offer high quality, accurate results and the brand is well trusted.

How can pharmacies sell more?

Merchandising is key. Ensure you have good shelf visibility and make use of shelf edgers and wobblers. The tests should be displayed on self-selection, not behind the counter. If space permits, dual site alongside folic acid supplements.

Are there any brand innovations in the pipeline?

There's nothing I can talk about at the moment but we are constantly investing in new technology and driving category growth.

Who would be your fantasy celebrity spokesperson?

Sir Robert Winston. He's a great speaker, very knowledgeable about fertility issues and comes across as a caring, warm personality.

➤ **Interested in appearing in C+D's one minute brand manager interview? Contact Lesley Ribbens on 01732 377600 or email lribbens@cmpmedica.com**

For more info:

Seven Seas 01482 375234

Products in brief

Buy one, get another free

A promotion is running during September for the AntiBloat probiotic and prebiotic antibloating treatment from Dtecta. A pack will be given away with each purchase of the OptiBac probiotic and prebiotic supplement. Medipharma, tel: 01264 339770

Smooth online operator

Toilet tissue brand Velvet has launched a website for consumers. Designed to appeal to mums and children, the site features the Baby MD character from Velvet's TV advertising. A promotion with the Letterbox mail order company offers a £5 coupon to visitors registering for its newsletter. SCA Hygiene, tel: 01582 677400 www.velvetbabymd.com

Yeast Vite

For when you really need to wake up.

When your customers are showing the sure signs of daytime fatigue, open their eyes to Yeast Vite in its bright new packaging. Our dual action formula provides a boost of caffeine for instant alertness, followed by essential B vitamins to slowly help release energy from food. So at least they'll start the day off on the right foot!



Presentation: Tablets each containing 50 mg caffeine, 1.75 mg nicotinamide, 0.167 mg thiamine hydrochloride (vitamin B1) and 0.167 mg riboflavin (vitamin B2). **Indications:** Relief of fatigue and drowsiness, provision of recommended daily amount of vitamins B1, B2 and nicotinamide. **Dosage:** Adults and children over 12 years: 2 tablets every 3-4 hours as required. Do not exceed 12 tablets in any 24 hour period. Not to be given to children under 12 except on medical advice. **Contra-indications:** Known sensitivity to any of the ingredients. **Warnings and Precautions:** Avoid excessive intake of coffee or tea. **Interactions:** Ergotamine, idroclamide, mexiletine, ciprofloxacin, enoxacin, piperidic acid, fluvoxamine, phenylpropanolamine, phenytoin, clozapine, lithium, theophylline, pentobarbital, diazepam and methoxsalen. **Pregnancy and lactation:** Consult a doctor before use. **Undesirable effects:** Caffeine may cause tremor and palpitations. **Legal category:** GSL. **Marketing Authorisation Number:** 00240/0051. **Marketing Authorisation holder:** Thornton & Ross Ltd, Huddersfield HD7 5QH. **Distributor:** Thornton & Ross Ltd, Huddersfield, HD7 5QH. **Trade Price:** 24's: £8.79 for a case of 6, 50's: £14.55 for a case of 6, 100's: £21.85 for a case of 6. **Pack size:** Plastic bottle of 50 or 100 tablets, blister packs of 24 tablets. For further information contact the Marketing Authorisation Holder. (Date of preparation: April 2007)

80% of independent pharmacists rate C+D as number one for being the most helpful/indispensable publication for running their pharmacy business*



The best source of information*

The C+D subscription package provides quick access to the information you need to succeed in community pharmacy. Here's a reminder of what you get:

C+D Magazine

the leading magazine for community pharmacists is first with news, views, clinical updates, Pharmacy Champions, A Practical Approach and much more

C+D Monthly Price List

the authoritative source for nationally issued PIP codes and the convenient paper guide to help you and your staff work efficiently including weekly updates

Over The Counter

the best read monthly magazine for pharmacy assistants

Generics Guide

the invaluable sourcing guide for generics

Guide to OTC Medicines & Diagnostics

the indispensable tool for the whole pharmacy team

Pharmacy Update

with 51 continuing professional development articles each year

Training and Education

FREE training materials and accredited courses for you and your staff worth over £100, such as Retail Skills, Patient Monitoring in Practice and Skills for the Future

C+D e-mail bulletin

FREE weekly news delivered to your inbox (also available to non-subscribers)

Bulk copy discounts are available to anyone for the C+D subs package. Call 01858 468811

We all know we need to keep the customer satisfied, but how do you find out if they are? **Adrian Price** says the customer satisfaction questionnaire being introduced as part of the contract in England and Wales should put your mind at rest

Satisfaction guaranteed?



Customer satisfaction questionnaires or CSQs were introduced as part of the pharmacy contract for England and Wales in April 2005. However, it has taken the best part of two years for the template for this service to be approved by the DH and it has only just become necessary for pharmacists to start thinking about how to manage this process. Now, all pharmacies are expected to have completed their first CSQ by the end of March 2008.

The Co-operative Pharmacy took a decision at the outset of the contract to complete a CSQ in the first year and all of our pharmacies will have completed three by March 2008. We did not make this decision lightly as completing a CSQ is a considerable amount of work, not to mention costly. However, we wanted to understand how the CSQ would work and listening to your customers is clearly important for any business.

We have now received over 75,000 responses from across our business and we use this information to inform the decisions we make. Performing CSQs has quickly become part of business as usual, the feedback we have received is invaluable in giving a better service and is usually quite simple to implement.

The process

Each branch received 300 copies of our CSQ, which in our case was an A5 paper hand out, and these were distributed to our customers as they waited for a prescription or after an over-the-counter sale of a medicine. The customer was then asked to complete the questionnaire in the branch and return it when finished. Several of our branches also asked customers to take the CSQ home for completion and return later.

Overall, we found that our customers were happy to complete the surveys in the branch and

this was realistically the only way to achieve the appropriate level of return. The surveys that left the pharmacy were rarely returned and based on our experiences any pharmacy contemplating using this method will need to hand out considerably more than the three to one ratio that is quoted in the guidance. We gave our branches one month to collect the appropriate number of returns and then all the surveys were posted in a pre-paid envelope to the agency we used for analysing the returns.

Analysis, dependent on the number of pharmacies submitting data, can take several weeks, so allow plenty of time. We asked the agency for a number of reports that fed into all levels of the business, with the key one being the individual branch report. This is a single-sided A4 report detailing: performance against several key indicators; the top five areas; the bottom five areas; the main areas for improvement and the branch action plan. The report was supplied to all branches and provided evidence to the primary care organisation that a survey had been conducted and action taken to address any concerns.

What have we found?

In common with many pharmacies, our branch network is primarily community based with a high community/service focus and pleasingly the feedback we received was overwhelmingly positive. Where we did receive negative comments it was the simple things that made a difference.

Top five tips for patient surveys

1. Print sufficient surveys to ensure the necessary return.
2. Train all your colleagues to sell the CSQ positively to customers.
3. Allow enough time! Running the CSQ process after Christmas will potentially leave your pharmacy short of time.
4. Make sure your agency produces the reports you want and that advice is available for interpreting the results.
5. Don't be afraid of what you will learn, just be prepared to act on it.

To see a sample co-op patient survey and analysis go to www.dotpharmacy.com/features

For example, by far the most frequent comment related to the lack of chairs in our branches. This was something that was easily remedied and hopefully the feedback we will receive from our second survey will show that we have made a difference. Other recommendations included: larger waiting areas, more parking, longer opening hours and more privacy.

What have we learnt?

As with any specialist area, there are skills that are necessary in order to do it well and one of our key findings was to understand how to interpret the reports. In the first year we had no way of benchmarking our results as we lacked previous experience of assessing customer satisfaction.

We considered this extremely important as external agencies ie PCTs and LHBs would be looking at the results and therefore ensuring consistent and fair interpretation was paramount. Fortunately we had the expertise within our group; however, for pharmacies doing this for the first time we would recommend that before engaging the services of an agency, be certain that you have access to this kind of advice or are able to view the complete set of results.

We also learnt that the brief for the data analysis agency was pretty much set by the reports the business wants. Any pharmacy contemplating engaging the services of an agency, in order to get the most for their investment should be clear of what is wanted from the outset or risk getting a report which may or may not be useful.

The CSQ has also had several unexpected spin-offs. We have used the information to inform refits, relocations and contract applications and encouraged increased dialogue between our branches and our customers.

The future

Moving forward, we are still making changes to our process and questionnaire, as we learn and as the DH gives more guidance. We will have a Welsh version later this year and hopefully next year's CSQ will be added to the website so that customers have an alternative option for return.

Overall, we see the whole process as a huge success in discovering what our customers want us to deliver and although it can seem daunting at first, the information it gives you is invaluable.

Adrian Price is professional governance manager at The Co-operative Pharmacy



Day-vit[®] PROBIO

The Feel Good Factor

Support Digestion

and energy levels with 2 billion probiotics, CoQ10, Vitamins and Minerals to help keep you feeling tip top

Full Retailer Support includes:
Leaflets, Retailer Education, POS

HealthAid[®]
www.HealthAid.co.uk

Scary creatures

The return of children to school marks the open season for all things creepy crawly. It helps if parents are forewarned, says

Emma Wilkinson

Head lice, the tiny six-legged creatures that easily clamber from head to head in a classroom of youngsters, are a common part of childhood. And while parents do not check for the brown-coloured lice and the white egg sacs they leave behind as often as they should, there is an opportunity for pharmacy staff to remind them that clean hair is no defence.

Regular hair washing and combing sessions – use a fine comb in wet hair which has been shampooed and has conditioner in – are a must as head lice infestations do not always cause the tell-tale itching.

The Department of Health has recently updated its guidance on treating head lice and a leaflet can be found at www.dh.gov.uk. It advises two ways to get rid of head lice. One is to use lotions and crèmes that contain insecticides, which are appropriate if you have found a live louse.

Remind your customers they will still need to check for baby lice a few days later as the product may not kill the eggs. Two applications, one week apart, is the best strategy, applying lotions and liquids to dry hair, making sure the scalp becomes wet and allowing hair to dry naturally.

A study of 3,000 children in Wales published in 2006 found that head lice are becoming resistant to traditional treatment methods. It is therefore wise to use different products if reinfestation occurs or if the initial choice is not having an effect, in order to combat resistance.

The alternative approach of using a "bug busting" kit to painstakingly hunt out and remove all the lice can be more effective than chemical treatments but only if done properly and it needs to be done twice-weekly for at least a fortnight.



No wonder Hedrin is No.1*



Hedrin is the number one selling head lice treatment and with very good reason.*

It works without pesticides, without resistance problems, without laborious combing, without nasty smells and without solvents – and nothing you can offer your customers is more effective.

What's more, research has shown that even head lice which survived Malathion treatment were killed by Hedrin – with 100% success.**

Clinical studies and your customers agree – for all the right reasons, the first choice is Hedrin.

*IRI 52 w/e April 2007 £ sales

** Data on file

**DON'T LOSE YOUR HEAD
USE YOUR HEAD
USE YOUR HEDRIN**

Product Details

Hedrin 4% Lotion Dimeticone 50ml PIP Code: 317-4166 RRP: £4.99 Trade Price: £35.70 (12) EAN: 5011309885019

Hedrin 4% Lotion Dimeticone 150ml PIP Code: 317-4174 RRP: £11.49 Trade Price: £41.00 (6) EAN: 5011309885217

Product Information Hedrin 4% Lotion. Presentation: cutaneous solution containing 4% dimeticone w/w. **Indications:** for the eradication of head lice infestations. **Dosage and administration:** Adults and children over 6 months: Apply sufficient lotion to cover dry hair from the base to the tip to ensure that no part of the scalp is left uncovered. Work into the hair spreading the liquid evenly from roots to tips. Allow hair to dry naturally. Hedrin should be left on hair for a minimum of 8 hours or overnight. Wash out with normal shampoo, rinsing thoroughly with water. Repeat the treatment after seven days. **Contraindications:** Hypersensitivity to any of the ingredients. **Precautions and Warnings:** Discontinue at the first appearance of a skin rash or any other signs of local or general hypersensitivity. For external use only. If accidentally introduced into the eyes, flush with water. **Side Effects:** Minor adverse events include an itchy or flaky scalp and dripping/irritation around the eyes. **Product License Holder:** Thornton & Ross Ltd, HD7 5QH **Legal Category:** P **Price:** MRRP ex VAT: 50ml £4.25, 150ml £9.78 **Product License No:** PL00240/0137 **Date of preparation:** December 2005.

**Available
on FP10**



A national campaign from the maker of head lice treatment Hedrin (£4.99 for 50ml and £11.49 for 150ml) will include a TV campaign to encourage parents to check once a week for lice. There will also be a range of support materials for pharmacists including showcards, window stickers, large dummy packs for window displays and information leaflets in time for the start of term.

Hedrin (4 per cent dimeticone), a silicone-based lotion, is an odourless, colourless and pesticide-free formula.



Full Marks Solution has recently been clinically proven to kill head lice in just 10 minutes and the packaging has been updated to promote the claims.

Full Marks Solution, £5.99 for 100ml (two treatments) and £10.99 for 200ml (four treatments) contains cyclomethicone and isopropyl mistrate and is not harmful to the eyes or the skin.



Lice Attack is a toxin-free formula that works in only 15 minutes after application and is 96 per cent effective against head lice and their eggs.

During clinical trials, Lice Attack was reported to have a conditioning effect on the hair, increasing manageability, making it particularly recommended for children suffering from infestations when going back to school.

Lice Attack is available as a 150ml pack at £7.99 and a 300ml pack RSP £11.99.

Numark offers a Head Lice Removal Kit, which retails at £3.49, consisting of a tea tree and neem oil conditioner, together with a fine-toothed comb.

Using the kit together with a wet combing technique offers a natural way to remove and help prevent head lice. The formulation is gentle and suitable for children with sensitive skin and for parents who do not want to use insecticides.

Threadworm

Another common part of childhood is threadworm – in fact by the age of 10 years as many as 40 per cent of children will have been infected.

The small, white, thread-like worms between 2mm and 13mm long look like pieces of white cotton and the most common sign of infection is itchiness or scratching around the bottom.

They live about five to six weeks in the gut, and then die but not until after the female worm has laid tiny eggs around the anus – a process which tends to occur at night when you are warm and still in bed and children often scratch in their sleep without realising.

The eggs (which are too small to be seen with the naked eye) can survive for two weeks outside the body, getting onto the fingers or under the nails or on bedding and clothes or mixed up in house dust. In girls, threadworms can wander forwards and lay their eggs in the vagina or urethra, causing vaginal discharge, bedwetting or problems passing urine.

A single treatment is usually effective but the whole

PAINLESS

OTC DIRECT
Your 1st choice for Generics and P.I.'s

For pain-free Generic and P.I. purchasing CALL 0800 169 2305

family must be treated and hygiene measures put in place for a few weeks to guard against reinfection from eggs left around the home.

Advise customers to wear underpants or knickers at night, wash hands each morning, before meals or snacks, preparing food, and after going to the toilet or changing nappies.

Wash around the anus every morning to get rid of any eggs laid overnight and wash underwear, nightwear (and bed linen if possible) each day. Also, on the day they take the medicine they should vacuum and dust all household carpets,



particularly those where children play and damp-dust smooth surfaces with a cloth rinsed in hot water.

OVEX has launched a "Silent Intruders" campaign to teach parents how to recognise threadworm and break the infection cycle.

OVEX (mebendazole) is available in family packages, containing enough for four single doses in tablet form or six single doses in banana-flavoured suspension. One dose is normally enough to eradicate threadworm. www.ovex.co.uk

Ear infections

Swimming lessons can also lead to an increased risk of some ear infections.

Otitis externa or 'swimmer's ear' can be caused by an infection, allergy or an irritant such as shampoo or water that gets inside the ear.

And the ear gets even more irritated when little fingers scratch or poke inside, damaging the delicate lining.

Objects inside the ear canal can also cause the infection or begin the irritation – for example the tip of a cotton bud or the corner of a towel.

Ear drops can be used to treat the infection but to stop it happening in the first place it is important to advise preventing water, shampoo or other products getting in the ears when you are showering or bathing, and if the child swims regularly it may be worth investing in a swimming cap that covers the ears or ear plugs.

Also guard socks to prevent against verrucas are a useful additional measure for children who spend a lot of time at the swimming pool.

GlaxoSmithKline Consumer Healthcare and Ceuta Healthcare have developed a new counter display unit for EarCalm spray – the first and only branded OTC treatment for mild outer ear infections.

Vitamins

Children's eating patterns change as they go back to school and investing in a good multivitamin seems a sensible step – although a healthy balanced diet is still vital.

Recent results from the Food for the Brain project – a UK pilot in an underperforming primary school – found children had better SAT scores, behaviour, concentration, and

improvements in ADHD symptoms and impulsiveness simply by changing their diet, adding daily supplements and taking more exercise.

During the eight-month project children were offered more healthy breakfast club and school lunches, banned from sugary drinks and sweets and took a daily multivitamin (Higher Nature's Dinochews) and a supplement containing omega-3 and omega-6 (Equazen's Eye Q).

A diet deficient in omega fatty acids (present in oily fish such as salmon and mackerel, nuts, such as walnuts and peanuts and seed oils) has been linked to poor concentration and ability to learn (www.foodforthebrain.org).

Aches and pains

A classroom is an ideal place for spreading bugs and viruses and parents should be advised to keep a thermometer, a stock of child-friendly painkillers and rehydration salts alongside the bandages and plasters in the first aid kit.

- Paracetamol – an effective painkiller and good for reducing a fever – can be used from the age of two months.

- Ibuprofen can be used in children three months and older and should be recommended for reducing swellings from sprains and strains.

Calpol has launched a "Kissing it Better" information campaign to help mums deal with their children's aches and pains (see leaflet at www.calpol.co.uk).

Calpol Infant Suspension 100ml bottle (paracetamol) is available in a sachet format in original and sugar-free, and in GSL formats.

Calprofen (Ibuprofen) 100ml bottle was recently switched from P to GSL.



Don't let pseudoephedrine products become a

GAP

in your profits!

● train your staff with **MethGuard...**

....and help keep pseudoephedrine in pharmacy

- Complete the course in under 30 mins
- Course content agreed by CCA, AIMp and PAGB
- Easy to follow online course with certificate on successful completion

Courses cost just £5.00 each, and can be accessed via the link below:

www.dotpharmacy.com/stoptheswitch



What do your customers really want when they walk into your pharmacy?



Advice...



Knowledge...



A confident, friendly face across the counter...

...ALL OF THESE

COUNTERPART PHARMACY ASSISTANT DEVELOPMENT

An RPSGB-approved training course to equip medicines counter staff with the knowledge they need to give your customers the service they expect when they visit your pharmacy.

It's a practical, interactive, easy to use, fresh and modern approach to training counter assistants that gives them the freedom to complete the course at their own pace, and for you, the pharmacist, to help guide them along the way.

Counterpart offers great value for money. Once you have purchased one set of training modules this can be shared among your staff. There is no need for repeat purchase, giving you the most economical training option for your pharmacy.

To find out more about Counterpart, or to order your training pack over the phone call:

Pauline Sanderson on 01732 377269,

Email psanderson@cmpmedica.com

OR order your copy now by completing the form below

What the Counterpart Pharmacy Assistant Development programme includes:

- Folder with 14 modules covering different therapy areas
- Student Workbook (supplied on registration)
- C+D Guide to OTC Medicines
- Easy-to-use phone service for assessment with immediate feedback for students

Training modules £41.13 (inc VAT) per set. Can be shared among staff – no need for repeat purchase

Registration fee £41.13 (inc VAT) per member of staff. Workbook plus access to the phone assessment.

Counterpart complies with the RPSGB's requirement for MCA courses and is accredited by the College of Pharmacy Practice.

Counterpart is supported by
Wyeth Consumer Healthcare

Wyeth
Consumer Healthcare

To: Pauline Sanderson, Pharmacy Projects, CMP Information, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE

Pharmacist:
Address:
Post Code:

Pharmacy:
.....
Phone no:
Orders will not be accepted without a telephone number

	Number	Total
Learning Modules		
Number of sets @ £41.13 (inc VAT)	£
Course registration fee		
Number of staff @ £41.13 (inc VAT)	£
Name		
Name		
Name		
Total payment £		

- ☐ Cheque enclosed (payable to CMP Information)
- ☐ Credit/debit card payment – details below

Card Type (Visa/Mastercard/AmEx):

Card number:

Expiry Date:

Name (as on card):

Signature:



0207 921 8123

Booking and copy date
12 noon Monday prior
to Saturday publication subject
to availability

Contact:

Chris Docwra
Chemist + Druggist (Classified),
CMP Information Ltd
Ludgate House
245 Blackfriars Road
London SE1 9UY

T: 0207 921 8123
: 0207 921 8130

www.dotpharmacy.com
c&dsales@cmpi.biz

Dispenser

PHARMACY CHECKING TECHNICIAN

Required for specialist international medical supplier in East London. We are looking for a talented individual interested in developing a business orientated career to join our expanding team. Applicants must be ambitious, motivated, with good communication skills and a willingness to learn, adapt and multi-task.

Very competitive salary and prospects for the right candidate

Please e-mail CV with covering letter to:
sales@le-west.co.uk

Or post to: L.E. West Ltd, The IO Centre
59-71 River Road, Barking, London IG11 0DR

Technician

**Hawkesley Square, Kings Norton
BIRMINGHAM**

Busy independent family run pharmacy require a motivated qualified **TECHNICIAN** to join the dispensary team.

- Full-time preferred (part-time considered)
- Modern spacious dispensary
- Good rate of pay
- Further training opportunities

Contact Mrs Sheila Richardson Tel: 0121 770 3196 daytime
Email: wmbrown.ho@intrapharm.com
or write: c/o Dovehouse Pharmacy, Dovehouse Parade,
351 Warwick Rd, Solihull, B91 1BQ

Classified

**FULL TIME DISPENSER & COUNTER ASSISTANTS
REQUIRED**

For our branch in Watford/Northwood. Applicants must be motivated, reliable and with good communication skills.

Call 07894 718106 or 020 8428 6806

Business Wanted

Locum Agencies

NATIONAL LOCUMS

**LOCUMS AND MANAGERS WORKING YOUR DAYS OFF

**EARN UP TO £25 PER HOUR + TRAVEL TIME

**EMERGENCY/ SAME DAY BOOKING

**NATIONWIDE LOCATIONS

TEL: 07770 628791

FAX: 01268 781623

Email: Natlocum@aol.com

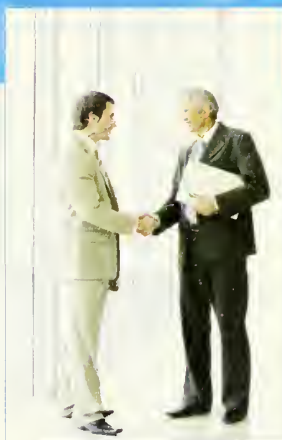
**NATIONWIDE LOCUMS
CALLING ALL LOCUMS AND MANAGERS**


- MANAGERS !!! Have You Considered
- Working Your Days Off & Holidays?
- Earn Up To £25/Hour
- EMERGENCY RATES Of Up To £30/Hour
- Locums Required Nationwide

REGISTER FREE ON: 0121-525-5348
Or ONLINE AT: www.nationwidelocums.co.uk

For out of hour's contacts call 08452578245

Planning to Sell Your Pharmacy?



- Day Lewis are looking to buy pharmacies throughout England
- We guarantee to pay you the best price for your pharmacy
- We are a family run business and are proud of having retained our traditional values
- We will look after your staff and invest in their futures



INVESTOR IN PEOPLE

For a completely confidential
first stage conversation,
call Tony Hough on
07702 920966



Classified

Business Wanted



Adam Myers

For all your healthcare needs

A small group looking to acquire shops in the Midlands, covering Gloucestershire, Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire and surrounding areas.

All turnovers considered, all information treated with strictest confidence and a high premium paid.

For a quick decision please contact Mr Bhandal on 07710 574890

E-mail: csb@adammyers.co.uk



MANOR PHARMACY



Pharmacy Group looking to expand and acquire shops in the North-West & North/West Yorkshire areas.

All turnovers/size of group considered.

High Premium Paid. All information will be treated with the strictest confidence.

Please contact Mohamed on 07958 428754 or Talha Patel on 07841 328394



COHENS CHEMIST GROUP



Pharmacy chain looking to expand in the North-West & West Yorkshire areas.

Best prices paid, all turnovers/size of groups considered. please contact Colin Counce on 07966 524162 or Yakub Patel on 07930 577799.

Business for Sale

HUTCHINGS PHARMACY SALES

Bedfordshire:	T/O C:	£ 2,000,000
Liverpool:	T/O C:	£ 920,000
Dorset:	T/O C:	£ 730,000
Scottish Borders:	T/O C:	£ 630,000
S. Devon Coast	T/O C:	£ 580,000
Kent	T/O C:	£ 520,000
N. London	T/O C:	£ 460,000

If you are ready to **SELL** we have purchasers throughout the UK willing to pay top prices for Pharmacies.

Our priority is to obtain the best price whilst maintaining your confidentiality.

If you are thinking of **SELLING** your Pharmacy, Contact us now for a **FREE** valuation.

Please call Scott or Linda **TODAY** for further details.

01494 722224

email: info@hutchingsandco.com

www.hutchings-pharmacy-sales.com



Hutchings Consultants Ltd

"We are the only
NPA approved supplier
for selling your
pharmacy"



Products & Services

Step into a healthier lifestyle with the 10,000 steps phenomenon

Mashco

Pedometers Offers

The 10,000 steps phenomenon, originally invented in Japan nearly 40 years ago, is based on a person walking 10,000 steps per day to achieve and develop their fitness levels. The average US couch potato takes about 3,000 steps daily, according to a study by American company Novartis Nutrition. 10,000 steps a day could be the key to reducing the obesity figure - by briskly walking the equivalent of 4-5 miles, intensity and time targets are being met.



£5.00
NET COST
RP: £5.13

Omron Slim Lightweight
Step Counter with Data Memory

- Displays number of steps, walking distance, calories burnt and clock
- With 7 day memory
- Suitable for aerobic exercise

Code: **OMRHJ109** SSP: £15 - £10



£10.50
NET COST
RP: £10.77

Omron Walking Style II
Step Counter with Calorie Counter

- 7 day memory with clock function
- Fits and works in your pocket
- Suitable for aerobic exercise
- Clip-on strap included

Code: **OMRHJ113** SSP: £25 - £20

**SAVE
£5**

tel: 020 8204 2224 fax: 020 8204 0224 web: www.mashco.com

Offer applies to purchases made between 25th August and 28th September 2007. Products shown are for illustrative purposes and are not to scale. E&OE. Net prices are after settlement discount 2.5%. Goods subject to availability. VAT at standard rate.



Don't surrender to the
NHS paper mountain!

Go paperless with PSL pharmacy systems

For more information please call: 01254 833 338

Positive Solutions Ltd, Solutions House School Lane Brinscoll PR6 8QP



Shopfitting

RAPEED group

...the total shop-fitting solution

RAPEED design
shopfitters



phone: **0800 9700 102**
www.rapeed.co.uk

Tax Consultants & Accountants

THINKING OF BUYING A PHARMACY?



“Modiplus went the extra mile to assist me in the purchase of my pharmacy ...

MODIPLUS SUCCESSFULLY:

- Helped with the structure to minimise tax
- Dealt with solicitors on purchase contracts and tax issues
- Dealt with the selling agents to avoid time delays
- Advised me on purchase of goodwill or shares
- Advised me on specialist finance schemes such as Unichem, AAH & Phoenix
- Projected my profit & cash-flow
- Allocated purchase price to maximise tax

... excellent team of people who are always helpful and friendly.”

MR R SUDDHI T/A MARKEATON PHARMACY, DERBY

For more information or for a **FREE** consultation please call Umesh or Jay:

LONDON: Umesh 020 7383 3200

MANCHESTER: Jay 0161 980 0770

www.modiplus.co.uk

Member of Silver Levene Group

THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES



modiplus 
ADDING VALUE

Tax Consultants & Accountants

WE ARE HAPPY TO WORK WITH YOUR EXISTING ACCOUNTANT

Many pharmacists come to us purely for our tax consultancy services, whilst retaining their existing accountant to prepare their annual accounts etc.

This can be an ideal situation if you are happy with the accounts work your accountant does but he is not a tax expert. Instead of losing out on large tax savings let us work alongside your accountant.

Call Anne today for an informal chat about how it works.

Tel: 01494 722224

h & Co.

Hutchings & Co.

The Leading Tax Consultants for Pharmacists.

www.pharmacyexperts.com

From: **Hawkeye on the web**
 Date: **Sat 25.08.07**
 Subject: **Social networking**



My **personal favourite**
 is the group entitled
 'if 100,000 **join**,
 my wife will let me
 call our second child
Spiderpig'

Ever heard someone talk about Facebook and not have a clue what they were talking about? Facebook facebook.com is the online phenomenon that is as addictive as smoking and its use probably takes up more time than a few fag breaks in the average addict's working day.

For the uninitiated, Facebook is like a personal online bulletin board which you can populate with as much information as you wish to reveal about your likes/dislikes, work and education details, display photos of you and your mates/family/pets. However, the whizzy internet stuff kicks in as you invite friends to be linked to your site. They sit in your list of friends and you can read their profiles too. You can post messages on each other's 'walls' (it's a bit like leaving an electronic Post-it note on someone's PC).

You can update your status and tell your friends that you're having a bad day. They can see your message by just looking at their own profile as it pops up on your newsfeed. You can join groups to discuss your favourite shows, political affiliations or football clubs. My personal favourite is the group entitled 'if 100,000 join, my wife will let me call our second child Spiderpig'.

Explaining Facebook like this makes it sound a bit pointless. And I was a sceptic too. However, you quickly become sucked into the social networking whirl and find yourself spending more

and more time on it. As I said, it's addictive.

You might be thinking it's only students and the unemployed who have the time or inclination for loafing about on a pointless website. Think again. It's actually chock-full of your colleagues. Pharmacists, technicians, dispensers and other pharmacy support staff are on there, including pharmacist and MP Sandra Gidley, council member Sid Dajani and I've even spotted at least one C+D Pharmacy Champion on there. But it's not just individuals – pharmacists have linked up with other pharmacists. So it's not really a surprise that there are over 1,600 members of the 'Pharmacists against the 50 per cent increase in retention fees' group. Other groups include the BPSA (although it's not affiliated to the BPSA), FIP and 'Behind every doctor... is an intelligent pharmacist who saves his/her butt'.

For those worried about privacy, you can set the access levels to what makes you comfortable, from completely open access to only those who are your friends being allowed to see your profile. But you can't browse people's profiles without becoming a member of Facebook yourself. Clever, and a bit like Friends Reunited friendsreunited.co.uk. Welcome to the phenomenon of social networking!

Fiona Salvage, deputy editor

Email fsalvage@cmpmedica.com



... **what's new on the C+D website** ...

Free email news

Get the top pharmacy stories before they appear in print by signing up to C+D's free email newsletter service at www.dotpharmacy.com/newsbulletins

If you sign up during August you will be entered into a free prize draw to win £200 in **John Lewis vouchers** so log on now to be in with a chance!



Bon Viveur has been out and about again, and this month's foray into the culinary delights of the UK sees the reappearance of one of the lesser known characters and thankfully no kitchen nightmares.

This time, Bon Viveur takes a trip to Boxwood Café, a modishly decorated establishment in Gordon Ramsay's ever increasing empire located in a corner of the Berkeley Hotel in Knightsbridge.

The Badshah of Berkshire was back on the scene, and he and Bon Viveur were gentlemen who lunch for an afternoon over two bottles of claret and three courses including taglione of white and brown crab, suckling pig and vanilla and ginger cheesecake. Read more at

www.dotpharmacy.com/bonviveur



The top stories in the latest C+D newsletter



- 1 Contractors challenge Society to justify premise fee hike proposal**
- 2 RPSGB to accept online petition as part of fee consultation**
- 3 MUR dip 'a blip', says PSNC**
- 4 SMC's latest decisions**
- 5 Pharmacist earns royal invitation**

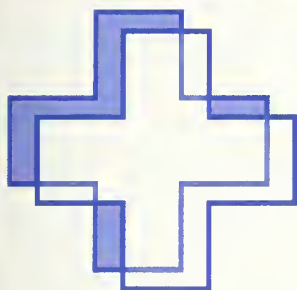
www.dotpharmacy.com/newsbulletins

Supporting C+D's free weekly email newsletter



RETAIL SKILLS

for PHARMACY STAFF



Retail Skills for Pharmacy Staff is a distance learning course from Chemist + Druggist and

Hamacher Group, supported by SSL International, to improve the general retailing skills of pharmacy staff.

■ One folder of 10 modules can be shared among staff. Individual workbooks are issued to staff members on registration

■ Content based on Pharmacy Services NVQ2 – complements product knowledge learnt in MCA courses such as Counterpart



From



and



in association with

SSL International plc

To find out more about Retail Skills, to enrol members of staff or to order your learning modules over the phone call:

Pauline Sanderson on 01732 377269, email psanderson@cmpmedica.com

OR complete the form below

To: Pauline Sanderson, Pharmacy Projects, CMP Information, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE

Pharmacist: Pharmacy name:

Address: Postcode:

Phone no:

Orders will not be accepted without a telephone number

☐ Cheque enclosed (payable to CMP Medica)
☐ Credit card ☐ Debit card payment – details below

Card Type(Visa/Mastercard/Switch/AmEx):

Card number:

Expiry Date:

Name (as on card):

Address of cardholder:

Postcode:

Signature: Date:

	Number	Total
Retail Skills Learning Modules		
Number of sets @ £41.13 (inc VAT)	£.....
Course registration fee		
Number of staff @ £41.13 (inc VAT)	£.....
Name:		
Name:		
Name:		
Total payment £		£.....

Information you supply to CMP Information Ltd may be used for publication (where you provide details for inclusion in our directories or catalogues and on our websites) and also to provide you with information about our products or services in the form of direct marketing activity by phone, fax or post. Information may also be made available to 3rd parties on a list lease or list rental basis for the purpose of direct marketing. If at any time you no longer wish to (i) receive anything from CMP Information Ltd or (ii) to have your information made available to 3rd parties, please write to the Data Protection Co-ordinator, Dept CDM983, CMP Information Ltd, FREEPOST LON 15637, Tonbridge, TN9 1BR or Freephone 0800 279 0357 quoting the following codes (i) CDM983 C, (ii) CDM983 T

NEW

Important information regarding the new BREEZE® 2 from Bayer

The **NEW BREEZE® 2** blood glucose meter will be available to patients from 1 September 2007.



THE BREEZE® 2 METER USES THE BREEZE® 2 TEST STRIP DISC.

PIP Code 329-3131

- ✓ No Coding™ (accuracy every time)
- ✓ Unique 10 test disc
- ✓ New 5 second test time
- ✓ Small blood sample size (1µl)
- ✓ Easy handling new design



THE BREEZE® 2 TEST STRIP DISC DOES NOT REPLACE THE ASCENSIA® AUTODISC®.

Ascensia® AUTODISC® will continue to be available to support users of the Ascensia® BREEZE® blood glucose meter.

PIP Code 297-0531



For more information please call Bayer Diabetes Support on **0845 600 6030**.

Win one of three coffee machines for your pharmacy!

Just answer the simple questions and return the coupon with your name and address to *Pharmacy Offer, Diabetes Care, FREEPOST WGR80, Bayer House, Strawberry Hill, Newbury, Berks, RG14 1JA.*



Q. Which test strip disc accompanies the new BREEZE® 2 blood glucose meter?

.....

Q. Which test strip disc accompanies the Ascensia® BREEZE® blood glucose meter?

.....



Bayer HealthCare
Diabetes Care